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SALUS POPULI SUPREMA LEX ESTO

*“The welfare of the people shall be the supreme law.”*



JOHN R. ASHCROFT  
SECRETARY OF STATE

# MISSOURI REGISTER

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## IN THIS ISSUE:

### EMERGENCY RULES

<b>Department of Social Services</b>	
MO HealthNet Division	1061

### EXECUTIVE ORDERS 1075

### PROPOSED RULES

<b>Department of Elementary and Secondary Education</b>	
Division of Learning Services	1077
Office of Childhood	1078
<b>Department of Natural Resources</b>	
Clean Water Commission	1079
Division of Energy	1082
<b>Department of Social Services</b>	
MO HealthNet Division	1083
<b>Department of Health and Senior Services</b>	
Missouri Health Facilities Review Committee	1097
<b>Department of Commerce and Insurance</b>	
State Board of Podiatric Medicine	1139
State Committee of Marital and Family Therapists	1139

### ORDERS OF RULEMAKING

<b>Office of Administration</b>	
Purchasing and Materials Management	1140
<b>Department of Natural Resources</b>	
Air Conservation Commission	1140
<b>Department of Public Safety</b>	
Missouri Gaming Commission	1140

### Department of Commerce and Insurance

Missouri State Board of Accountancy	1144
Missouri Dental Board	1145
State Board of Optometry	1146
State Board of Podiatric Medicine	1146

### IN ADDITIONS

<b>Department of Agriculture</b>	
Weights, Measures and Consumer Protection	1147
<b>Department of Natural Resources</b>	
Hazardous Waste Management Commission	1147

### CONSTRUCTION TRANSIENT LIST 1148

### DISSOLUTIONS 1209

### SOURCE GUIDES

<b>RULE CHANGES SINCE UPDATE</b>	1211
<b>EMERGENCY RULES IN EFFECT</b>	1216
<b>EXECUTIVE ORDERS</b>	1217
<b>REGISTER INDEX</b>	1218

Register Filing Deadlines	Register Publication Date	Code Publication Date	Code Effective Date
April 1, 2022	May 2, 2022	May 31, 2022	June 30, 2022
April 15, 2022	May 16, 2022	May 31, 2022	June 30, 2022
May 2, 2022	June 1, 2022	June 30, 2022	July 30, 2022
May 16, 2022	June 15, 2022	June 30, 2022	July 30, 2022
June 1, 2022	July 1, 2022	July 31, 2022	August 30, 2022
June 15, 2022	July 15, 2022	July 31, 2022	August 30, 2022
July 1, 2022	August 1, 2022	August 31, 2022	September 30, 2022
July 15, 2022	August 15, 2022	August 31, 2022	September 30, 2022
August 1, 2022	September 1, 2022	September 30, 2022	October 30, 2022
August 15, 2022	September 15, 2022	September 30, 2022	October 30, 2022
September 1, 2022	October 3, 2022	October 31, 2022	November 30, 2022
September 15, 2022	October 17, 2022	October 31, 2022	November 30, 2022
October 3, 2022	November 1, 2022	November 30, 2022	December 30, 2022
October 17, 2022	November 15, 2022	November 30, 2022	December 30, 2022
November 1, 2022	December 1, 2022	December 31, 2022	January 30, 2023
November 15, 2022	December 15, 2022	December 31, 2022	January 30, 2023

Documents will be accepted for filing on all regular workdays from 8:00 a.m. until 5:00 p.m. We encourage early filings to facilitate the timely publication of the *Missouri Register*. Orders of Rulemaking appearing in the *Missouri Register* will be published in the *Code of State Regulations* and become effective as listed in the chart above. Advance notice of large volume filings will facilitate their timely publication. We reserve the right to change the schedule due to special circumstances. Please check the latest publication to verify that no changes have been made in this schedule. To review the entire year's schedule, please see the website at [sos.mo.gov/adrules/pubsched](https://sos.mo.gov/adrules/pubsched).

## HOW TO CITE RULES AND RSMO

### RULES

The rules are codified in the *Code of State Regulations* in this system–

Title	CSR	Division	Chapter	Rule
3	Code of	10-	4	.115
Department	State Regulations	Agency division	General area regulated	Specific area regulated

and should be cited in this manner: 3 CSR 10-4.115.

Each department of state government is assigned a title. Each agency or division in the department is assigned a division number. The agency then groups its rules into general subject matter areas called chapters and specific areas called rules. Within a rule, the first breakdown is called a section and is designated as (1). Subsection is (A) with further breakdown into paragraphs 1., subparagraphs A., parts (I), subparts (a), items I. and subitems a.

The rule is properly cited by using the full citation; for example, 3 CSR 10-4.115, NOT Rule 10-4.115.

Citations of RSMo are to the *Missouri Revised Statutes* as of the date indicated.

### ***Code and Register on the Internet***

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These websites contain rulemakings and regulations as they appear in the *Code* and *Registers*.

**R**ules appearing under this heading are filed under the authority granted by section 536.025, RSMo. An emergency rule may be adopted by an agency if the agency finds that an immediate danger to the public health, safety, or welfare, or a compelling governmental interest requires emergency action; follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances; follows procedures which comply with the protections extended by the *Missouri* and the *United States Constitutions*; limits the scope of such rule to the circumstances creating an emergency and requiring emergency procedure, and at the time of or prior to the adoption of such rule files with the secretary of state the text of the rule together with the specific facts, reasons, and findings which support its conclusion that there is an immediate danger to the public health, safety, or welfare which can be met only through the adoption of such rule and its reasons for concluding that the procedure employed is fair to all interested persons and parties under the circumstances.

**R**ules filed as emergency rules may be effective not less than ten (10) business days after filing or at such later date as may be specified in the rule and may be terminated at any time by the state agency by filing an order with the secretary of state fixing the date of such termination, which order shall be published by the secretary of state in the *Missouri Register* as soon as practicable.

**A**ll emergency rules must state the period during which they are in effect, and in no case can they be in effect more than one hundred eighty (180) calendar days or thirty (30) legislative days, whichever period is longer. Emergency rules are not renewable, although an agency may at any time adopt an identical rule under the normal rulemaking procedures.

## Title 13—DEPARTMENT OF SOCIAL SERVICES Division 70—MO HealthNet Division Chapter 15—Hospital Program

### EMERGENCY AMENDMENT

**13 CSR 70-15.190 Out-of-State Hospital Services Reimbursement Plan.** The division is amending sections (1), (2), (3), (4), (5), and (6), and deletes sections (7), (8), (9), (10), (11), (12), (13), and (14).

*PURPOSE: This emergency amendment establishes the method of reimbursing out-of-state hospitals for inpatient or outpatient care provided to any participants of Missouri Medicaid, whether they are under age twenty-one (21) or age twenty-one (21) and over. The division is amending the methodology for both inpatient and outpatient reimbursement for out-of-state hospitals, and updating outdated language and terms.*

*EMERGENCY STATEMENT: This emergency amendment amends the methodology for both inpatient and outpatient reimbursement for out-of-state hospitals at a reduced rate, and updates outdated language and terms. The Department of Social Services, MO HealthNet Division (MHD) finds that this emergency rule is necessary to preserve a compelling governmental interest as it allows the State Medicaid Agency to pay out-of-state hospitals and maintain the budget appropriation level due to the new in-state reimbursement methodology under 13 CSR 70-15.010. As a result, the MHD finds it necessary to preserve its compelling governmental interest in reduc-*

*ing the rate of these payments to out of state hospitals on July 1, 2022 to prevent a budget shortfall for State Fiscal Year 2023, which requires an early effective date. A proposed amendment, which covers the same material, is published in this issue of the Missouri Register. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended by the Missouri and United States Constitutions. The MHD believes this emergency amendment to be fair to all interested parties under the circumstances. This emergency amendment was filed June 15, 2022, becomes effective July 1, 2022, and expires February 23, 2023.*

(1) Covered inpatient hospital services include those items and services allowed by the Medicaid State Plan including medically necessary care in a semi-private room. If prior authorized Missouri Medicaid may reimburse for a private room if it is certified medically necessary by a physician to avoid jeopardizing the health of the patient or to protect the health and safety of other patients. No payment will be made for any portion of the room charge when the [recipient] participant requests and is provided a private room when the private room is not medically necessary.

(2) Payment for authorized inpatient hospital services shall be made on a prospective per diem basis for services provided outside Missouri if the services are covered by the Missouri [Medical Assistance (Medicaid)] Program. To be reimbursed for furnishing services to Missouri Medicaid [recipients] participants, out-of-state [providers] hospitals must complete a Missouri [Medical Assistance] Medicaid Program Provider Participation Application and have the application approved by the Missouri Department of Social Services, [Division of Medical Services] Missouri Medicaid Audit and Compliance (MMAC).

(3) Determination of Payment. The payment for inpatient hospital services provided by an out-of-state [provider] hospital shall be the lowest of:

(A) [At the out-of-state hospital's election, the prospective inpatient payment may be based on information from the hospital's Medicare base year cost report and all financial documentation required by Missouri regulations for hospitals operating in Missouri with inflationary increases as granted by the Missouri General Assembly or the out-of-state hospital may be exempt from the cost report filing requirements if the hospital accepts the projected statewide average per diem rate for Missouri hospitals as calculated by the Department of Social Services, Division of Medical Services for the state fiscal year in which the service was provided. The effective date for any increase above the statewide average per diem rate for Missouri hospitals shall be the first day of the month following the Division of Medical Services determination of per diem rate based on information from the hospital's Medicare base year cost report and all financial documentation required by Missouri regulation for hospitals operating in Missouri;] For the out-of-state hospitals whose per diem was set on the hospital's audited Medicaid cost report prior to July 1, 2022, the hospital's per diem will be the rate in effect as of June 30, 2022. For all other out-of-state hospitals, the hospital's per diem will be fifty percent (50%) of the weighted statewide average per diem rate for Missouri hospitals as calculated by the MO HealthNet Division for the SFY in which the service was provided; or

(B) The amount of total charges billed by the hospital. The [provider's] hospital's billed charges must be their usual and customary charges for services; or

(C) The Medicare deductible or coinsurance, if applicable, up to the amount allowed by the Missouri Medicaid program.

[(4) *Per Diem Reimbursement Rate Computation.* The per diem reimbursement rate computation is the same as calculated for Missouri hospitals at 13 CSR 70-15.010(3).

(5) If a provider fails to submit all financial documentation required by Missouri regulations (Medicare cost report, working trial balance, audited financial statements, Medicaid supplemental schedules, and Worksheet C2552-83 for ancillary costs and charges) for hospitals operating in Missouri within thirty (30) days of making the election to receive payment based on information from cost reports, the payment shall be based on the projected statewide average per diem rate in Missouri as developed by the Department of Social Services, Division of Medical Services for the state fiscal year.

(6) Out-of-state hospitals shall present claims to Missouri Medicaid within three hundred sixty-five (365) days from the date of service. In no case shall Missouri be liable for payment of a claim received beyond one (1) year from the date services were rendered. Inpatient and outpatient hospital services must be submitted on the UB-92 claim form.

(7) Out-of-state hospitals are subject to the Department Concurrent Hospital Review process (utilization review) for all non-emergency services.

[(8)](4) The payment for authorized outpatient hospital services provided by an out-of-state hospital shall be the [lowest] **lower** of:

(A) [At the out-of-state hospital's election, a prospective outpatient payment percentage calculated using the Medicaid over-all outpatient cost-to-charge ratio from the fourth, fifth, and sixth prior base year cost reports and all documentation required by Missouri regulation for hospitals operating in Missouri regressed to the current state fiscal year or the out-of-state hospital may be exempt from the cost report filing requirement if the hospital accepts the projected statewide average outpatient payment percentage as developed by the Department of Social Services, Division of Medical Services for the state fiscal year in which the service was provided. The effective date for any increase above the statewide average outpatient payment percentage shall be the first day of the month following the Division of Medical Services determination of the outpatient payment percentage based on information from the hospital's Medicare base year cost report and all financial documentation required by Missouri regulation for hospitals operating in Missouri] The outpatient reimbursement as described in 13 CSR 70-15.160; or

(B) The amount of total charges billed by the hospital.

[(9) *Outpatient Reimbursement Rate Computation.* The outpatient reimbursement rate computation is the same as calculated for Missouri hospitals at 13 CSR 70-15.160.]

[(10)](5) **Disproportionate Share [Providers] Hospital (DSH) Payments.** Out-of-state hospitals do not qualify for [disproportionate share (DSH)] payments. [unless they have a low income utilization rate exceeding twenty-five percent (25%) for Missouri residents and the out-of-state hospital can demonstrate that the provision of services to Missouri residents has not been considered in establishing their DSH status in any other state.

(11) All Medicaid services are subject to program compliance reviews. Reviews can be performed before services are furnished, after services are furnished and before payment is made, or after payment is made.

(12) Regardless of changes of ownership, management, control, operation, leasehold interests by whatever form for any hospital previously certified for participation in the Medicaid program, the department will continue to make all the Title XIX payments directly to the entity with the hospital's current provider number and hold the entity with the current provider number responsible for all Medicaid liabilities.

(13) Participation in the Missouri Medicaid program shall be limited to hospitals who accept as payment in full for covered services rendered to Medicaid recipients the amount paid in accordance with Missouri statute and regulations.]

[(14)](6) **Definitions.**

(A) The definitions from regulation 13 CSR 70-15.010 are incorporated as 13 CSR 70-15.190.

[(B) *Base year cost report*—shall be either a 1995 Medicare cost report and Missouri's supplemental cost report schedules for those hospitals enrolled in the Missouri Medicaid program as of the effective date of this regulation or the most recent submitted cost report to Medicare and Missouri's supplemental cost report schedules for those hospitals that elect to enroll in Missouri Medicaid after the effective date of this regulation.]

[(C)](B) *Out-of-state*—not within the physical boundaries of Missouri.

[(D)](C) *Usual and customary charge*—the amount which the individual provider charges the general public in the majority of cases for a specific procedure or service.

**AUTHORITY:** sections 208.201 and 660.017, RSMo 2016. Original rule filed April 15, 2004, effective Oct. 30, 2004. Emergency amendment filed June 16, 2022, effective July 1, 2022, expires Feb. 23, 2023. A proposed amendment covering this same material is published in this issue of the **Missouri Register**.

**PUBLIC COST:** This emergency amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the time the emergency is effective.

**PRIVATE COST:** This emergency amendment will not cost private entities more than five hundred dollars (\$500) in the time the emergency is effective.

### **Title 13—DEPARTMENT OF SOCIAL SERVICES Division 70—MO HealthNet Division Chapter 15—Hospital Program**

#### **EMERGENCY AMENDMENT**

**13 CSR 70-15.220 Disproportionate Share Hospital (DSH) Payments.** The division is amending sections (1), (2), (3), (4), (5), (6), (7), and (8).

**PURPOSE:** This emergency amendment removes outdated language and updates the methodology for calculating the Disproportionate Share Hospital (DSH) payment to align with the federal statute.

**EMERGENCY STATEMENT:** This emergency amendment deletes language from the definition of uncompensated care as required by federal law when calculating the hospital-specific DSH limit. The Department of Social Services, MO HealthNet Division (MHD) finds that this emergency rule is necessary to preserve a compelling governmental interest as it allows the State Medicaid Agency to impose federal requirements on the DSH payment calculation, which is a requirement to receive federal financial participation. The DSH payments provide

*hospitals the ability to provide sufficient medical care to Medicaid participants and the uninsured. As a result, the MHD finds it necessary to preserve its compelling governmental interest in providing these payments to hospitals while complying with federal requirements, which requires an early effective date. A proposed amendment, which covers the same material, is published in this issue of the Missouri Register. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended by the Missouri and United States Constitutions. The MHD believes this emergency amendment to be fair to all interested parties under the circumstances. This emergency amendment was filed June 16, 2022, becomes effective July 1, 2022, and expires February 23, 2023.*

(1) General Reimbursement Principles.

(A) In order to receive federal financial participation (FFP), disproportionate share **hospital (DSH)** payments are made in compliance with federal statutes and regulations. Section 1923 of the Social Security Act (42 U.S. Code) describes the hospitals that must be paid DSH payments and those that the state may elect to pay DSH payments.

(B) Federally-Deemed DSH Hospitals. The state must pay disproportionate share payments to hospitals that meet the specific obstetric requirements set forth below in paragraph (1)(B)1. and have either a Medicaid Inpatient Utilization Rate (MIUR) at least one (1) standard deviation above the state mean or a Low Income Utilization Rate (LIUR) greater than twenty-five percent (25%). The state shall not make DSH payments in excess of each hospital's estimated hospital-specific DSH limit.

1. *[Obstetrics]* **Obstetrics** requirements and exemptions.

A. Hospitals must have two (2) obstetricians, with staff privileges, who agree to provide non-emergency obstetric services to Medicaid eligibles. Rural hospitals, as defined by the federal Executive Office of Management and Budget, may qualify any physician with staff privileges as an obstetrician.

B. Hospitals are exempt from the obstetric requirements if the facility did not offer non-emergency obstetric services as of December 22, 1987.

C. Hospitals are exempt if inpatients are predominantly under eighteen (18) years of age.

(C) State-Elected DSH Payments. The state may elect to make disproportionate share payments to hospitals that meet the obstetric requirements set forth in paragraph (1)(B)1. and have a MIUR of at least one percent (1%).

(D) Section 1923(g) of the Social Security Act (Act) limits the amount of DSH payments states can pay to each hospital and earn FFP. To be in compliance with the Act, DSH payments shall not exceed one hundred percent (100%) of the uncompensated care costs of providing hospital services to Medicaid and uninsured individuals. Hospital-specific DSH limit calculations must comply with the federal DSH rules (42 CFR 447, Subpart E and 42 CFR 455, Subpart D). If the disproportionate share payments exceed the hospital-specific DSH limit, the difference shall be deducted from disproportionate share payments or recouped from future payments.

(E) All DSH payments in the aggregate shall not exceed the federal DSH allotment within a state fiscal period. The DSH allotment is the maximum amount of DSH payments a state can distribute each year and receive FFP.

(F) The state must submit an annual independent audit of the state's DSH program to the Centers for Medicare *and* Medicaid Services (CMS). FFP is not available for DSH payments that are found to exceed the hospital-specific eligible uncompensated care cost limit. All hospitals that receive DSH payments are subject to the independent federal DSH audit.

(G) Hospitals qualify for DSH for a period of one (1) state fiscal year and must requalify at the beginning of each state fiscal year to continue to receive disproportionate share payments.

(2) Definitions.

(A) Annual independent DSH audit. The annual independent DSH audit is the annual independent certified audit of the state DSH payments as required by the federal DSH audit rule 42 CFR 455.301 through 42 CFR 455.304. The annual independent DSH audit also includes the reporting requirements of 42 CFR 447.299. The annual independent DSH audit may also be referred to as the federally-mandated annual independent DSH audit or independent federal DSH audit.

(B) Division. Unless otherwise specified, division refers to the MO HealthNet Division, the division of the Department of Social Services charged with the administration of Missouri's MO HealthNet Program.

(C) Estimated Medicaid net cost. *[Estimated Medicaid net cost is the cost of providing inpatient (IP) and outpatient (OP) hospital services for all Medicaid eligible individuals including dual eligible and managed care participants less payments the hospital received for claims.] Estimated Medicaid net cost is defined per the annual state DSH survey, as defined in subsection (2)(X), and related training documents and instructions provided to the hospitals by the Division or its authorized contractor.* The estimated Medicaid net cost is determined by using Medicare cost reporting methodologies described in this rule and is calculated using data reported on the state DSH survey. *[Depending on the hospital's response to questions 14, 15, and 16 of the state DSH survey, versions 1, 2, and 3, the source of the Medicaid out-of-state net cost, Medicaid organ acquisition net cost, and Medicaid/Medicare crossover net cost will either be—the hospital's estimated data, an amount estimated by MHD based on the most recent annual independent DSH audit trended to the SFY the DSH payments relate to, or was determined by the hospital to be insignificant or zero.*

1. *The estimated Medicaid net cost determined from the state DSH surveys prior to SFY 2017 is the sum of the following estimated data from the "Settlement Calculation" tab:*

- A. In-state Medicaid inpatient net cost;*
- B. In-state Medicaid outpatient net cost;*
- C. Out-of-state Medicaid inpatient net cost;*
- D. Out-of-state Medicaid outpatient net cost;*
- E. Medicaid organ acquisition net cost; and*
- F. Medicaid/Medicare crossover net cost.]*

*[2. Beginning with SFY 2017 interim DSH payments, the] 1. The estimated Medicaid net cost is determined from the state DSH survey [using the "Report Summary" tab], as defined in subsection (2)(X), and is calculated as follows:*

- A. Total Cost of Care for Medicaid IP/OP Services;*
- B. Less Regular IP/OP Medicaid FFS Rate Payments (excluding any other Medicaid payments as defined in subsection [(2)(S)](2)(T));*
- C. Less IP/OP Medicaid MCO Payments;*
- D. Equals the Estimated Medicaid Net Cost; and*
- E. The Estimated Medicaid Net Cost shall be trended as set forth in subsection [(2)(Y)](2)(Z).*

(D) Estimated uninsured net cost. Estimated uninsured net cost is the cost of providing inpatient and outpatient hospital services to individuals without health insurance or other third party coverage for the hospital services they receive during the year less uninsured payments received on a cash basis for the applicable Medicaid state plan year. The costs are to be calculated using Medicare cost report costing methodologies described in this rule and should not include costs for services that were denied for *[any reason/reasons other than the patient's benefits were exhausted at the time of admittance, or the patient's benefit package did not cover the inpatient or outpatient hospital service(s) received.*

*[1. The estimated uninsured net cost determined from the state DSH survey prior to SFY 2017 is calculated as the sum of the following:*

A. Uninsured inpatient net cost; and

B. Uninsured outpatient net cost.]

2. Beginning with SFY 2017 interim DSH payments, *the*1. The estimated uninsured net cost is determined from the state DSH survey [using the "Report Summary" tab] and is calculated as follows:

A. Total IP/OP Uninsured Cost of Care;

B. Less Total IP/OP Indigent Care/Self-Pay Revenues;

C. Equals the Estimated Uninsured Net Cost.

(E) Estimated uninsured uncompensated care cost (UCC).

1. The estimated uninsured uncompensated care cost from the state DSH survey prior to SFY 2017 is the estimated uninsured net cost less Section 1011 payments.

2. Beginning with SFY 2017 interim DSH payments, *the*1. The estimated uninsured uncompensated care cost is determined from the state DSH survey [using the "Report Summary" tab] and is calculated as follows:

A. Estimated Uninsured Net Cost, as defined in subsection

(2)(D);

B. Less Total Applicable Section 1011 Payments;

C. Equals the Estimated Uninsured Uncompensated Care Cost; and

D. The Estimated Uninsured Uncompensated Care Cost shall be trended as set forth in subsection [(2)(Y)](2)(Z).

(F) Federal DSH allotment. The maximum amount of DSH a state can distribute each year and receive federal financial participation (FFP) in the payments in accordance with 42 CFR 447.297 and 42 CFR 447.298.

(G) Hospital DSH liability. The hospital DSH liability is the amount of DSH overpayments subject to recoupment as determined from the final annual independent DSH audit. It is the lesser of the total longfall or the DSH payments paid [during] for the SFY. [The source for this calculation is as follows:

1. Actual hospital DSH liability. The actual hospital DSH liability is determined from the final annual independent DSH audit; and

2. Estimated hospital DSH liability. The estimated hospital DSH liability is calculated by the state using data from the state DSH survey, other Medicaid payments, and data provided in the most recent independent DSH audit, if applicable, which is used in determining the interim DSH payment adjustments for SFY 2011.]

(H) Hospital-specific DSH limit. The hospital-specific DSH limit is the sum of the Medicaid uncompensated care cost plus the uninsured uncompensated care cost and is calculated each year. The source for this calculation is as follows:

1. Actual hospital-specific DSH limit. The actual hospital-specific DSH limit is determined from the final annual independent DSH audit; and

2. Estimated hospital-specific DSH limit. The estimated hospital-specific DSH limit is calculated by the state using data from the state DSH survey, other Medicaid payments, and data provided in the most recent independent DSH audit, if applicable, which is used in determining the interim DSH payments.

(I) Incorporation by Reference. This rule incorporates by reference the following:

1. 42 CFR 447, which is incorporated by reference and made a part of this rule as published by CMS at its website at <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-447?toc=1>, June 9, 2022. This rule does not incorporate any subsequent amendments or additions;

2. 42 CFR 455, which is incorporated by reference and made a part of this rule as published by CMS at its website at <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-455?toc=1>, June 9, 2022. This rule does not incorporate any subsequent amendments or additions;

3. The state DSH survey template and instructions are incorporated by reference and made a part of this rule as published by

the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, at its website at <https://dss.mo.gov/mhd/providers/fee-for-service-providers.htm>, June 16, 2022. This rule does not incorporate any subsequent amendments or additions; and

4. This alternate state DSH survey supplemental template and instructions are incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, at its website at <https://dss.mo.gov/mhd/providers/fee-for-service-providers.htm>, June 16, 2022. This rule does not incorporate any subsequent amendments or additions.

[(I)](J) Individuals Without Health Insurance or Other Third Party Coverage for the Services Received.

1. Individuals who have no health insurance or other source of third party coverage for the specific inpatient or outpatient hospital services they received during the year [can be] are considered uninsured. As set forth in CMS' final rule published in the *Federal Register*, December 3, 2014, for 42 CFR 447.295, a service-specific approach must be used to determine whether an individual is uninsured. The service-specific coverage determination can occur only once per individual per service provided and applies to the entire service, including all elements as that service, or similar services, would be defined by MO HealthNet. Determination of an individual's third party coverage status is not dependent on receipt of payment by the hospital from the third party.

2. The costs for inpatient and outpatient hospital services provided to individuals without health insurance or other third party coverage for the inpatient or outpatient hospital services they received during the year [can be] are considered uninsured and included in calculating the hospital-specific DSH limit.

3. The following [individuals] costs shall be considered uninsured and included in the calculating the hospital-specific DSH limit:

A. [Individuals] Costs for services provided to individuals whose benefit package does not cover the hospital service received. If the service is not included in an individual's health benefits coverage through a group health plan or health insurer, and there is no other legally liable third party, the [individual is] hospital services are considered uninsured [; or] costs; and

B. [Individuals] Costs for services provided to individuals who have reached lifetime insurance limits for certain services or with exhausted insurance benefits at the time of service. When a lifetime or annual coverage limit is imposed by a third party payer, specific services beyond the limit would not be within the individual's health benefit package from that third party payer and would be considered uninsured [; or] costs, as long as the benefits were exhausted when the patient was admitted; and

C. For American Indians/Alaska Natives, Indian Health Services (IHS) and tribal coverage is only considered third party coverage when services are received directly from IHS or tribal health programs or when IHS or a tribal health program has authorized coverage through the contract health service program.

4. The costs associated with the following shall not be included as uninsured costs:

A. Bad debts or unpaid coinsurance/deductibles for individuals with third party coverage. Administrative denials of payment or requirements for satisfaction of deductible, copayment, or coinsurance liability do not affect the determination that a specific service is included in the health benefits coverage; and

B. Unpaid balances due for claims denied by the third party payer for billing discrepancies, which include, but are not limited to, denials due to lack of pre-authorization, denials due to timely filing, denials due to lack of medical necessity, etc.; and

[B./C. Prisoners. Individuals who are inmates in a public institution or are otherwise involuntarily in secure custody as a result of criminal charges are considered to have a source of third party



coverage. However, an individual can be included as uninsured if a person has been released from secure custody and is referred to the hospital by law enforcement or corrections authorities and is admitted as a patient rather than an inmate to the hospital.

5. These definitions, and the resulting uninsured costs includable in calculating the hospital-specific DSH limit, are subject to change based on any *[changes that may be incorporated in the final publication of 42 CFR 447.295.]* **federal DSH audit regulation changes. The Division reserves the right to determine whether changes in federal DSH audit regulation will be applied to the interim DSH payment calculations.**

**[(J)](K)** Institution for Mental Diseases (IMD) DSH allotment. The IMD DSH allotment is a portion of the state-wide DSH allotment and is the maximum amount set by the federal government that may be paid to IMD hospitals. Any unused IMD DSH allotment not paid to IMD hospitals for any plan year may be paid to hospitals that are under their projected hospital-specific DSH limit.

**[(K)](L)** Inpatient and outpatient hospital services. For purposes of determining the estimated hospital-specific DSH limit and the actual hospital-specific DSH limit, the inpatient and outpatient hospital services are limited to inpatient and outpatient hospital services included in the approved Missouri Medicaid State Plan.

**[(L)](M)** Lifetime or annual health insurance coverage limit. An annual or lifetime limit, imposed by a third party payer, that establishes a maximum dollar value, or maximum number of specific services on a lifetime or annual basis, for benefits received by an individual.

**[(M)](N)** Longfall. The longfall is the total amount a hospital has been paid for **inpatient and outpatient hospital services** (including all DSH payments) in excess of their hospital-specific DSH limit. The source for this calculation is as follows:

1. Actual longfall. The actual longfall is based on the annual independent DSH audit; and

2. Estimated longfall. The estimated longfall is calculated by the state using data from the state DSH survey, other Medicaid payments, and data provided in the most recent independent DSH audit, if applicable.

**[(N)](O)** Low Income Utilization Rate (LIUR). The LIUR shall be calculated as follows:

1. As determined from the *[fourth] third* prior year *[desk-reviewed] audited Medicaid* cost report, the LIUR shall be the sum (expressed as a percentage) of the fractions, calculated as follows:

A. Total MO HealthNet patient revenues (TMPR) paid to the hospital for patient services under a state plan plus the amount of the cash subsidies (CS) directly received from state and local governments, divided by the total net revenues (TNR) (charges, minus contractual allowances, discounts, and the like) for patient services plus the CS; and

B. The total amount of the hospital's charges for patient services attributable to charity care (CC) *[care provided to individuals who have no source of payment, third-party, or personal resources]* less CS directly received from state and local governments in the same period, divided by the total amount of the hospital's charges (THC) for patient services. The total patient charges attributed to CC shall not include any contractual allowances and discounts other than for indigent patients not eligible for MO HealthNet under a state plan.

$$[LIUR = \frac{TMPR + CS}{TNR + CS} + \frac{CC - CS}{THC}]$$

$$LIUR = ((TMPR + CS) / (TNR + CS)) + ((CC - CS) / (THC))$$

**[(O)](P)** Medicaid Inpatient Utilization Rate (MIUR). The MIUR shall be calculated as follows:

1. As determined from the *[fourth] third* prior year *[desk-reviewed] audited Medicaid* cost report, the MIUR will be

expressed as the ratio of total Medicaid **eligible hospital** days (TMD) provided under a state plan divided by the provider's total number of inpatient **hospital** days (TNID); and

2. The state's mean MIUR will be expressed as the ratio of the sum of the total number of the Medicaid days for all Missouri hospitals divided by the sum of the total patient days for the same Missouri hospitals. Data for hospitals no longer participating in the program will be excluded.

$$[MIUR = \frac{TMD}{TNID}]$$

$$MIUR = TMD / TNID$$

**[(P)](Q)** Medicaid state plan year. Medicaid state plan year coincides with the twelve- (12-) month period for which a state calculates DSH payments. For Missouri, the Medicaid state plan year coincides with its state fiscal year (SFY) and is July 1 through June 30.

**[(Q)](R)** Medicare cost reporting methodologies. Medicaid and uninsured costs will be determined utilizing Medicare Cost Report (form CMS 2552) methodologies. *[The Medicare/Medicaid Cost Report version 2552-96 (CMS 2552-96) shall be used for fiscal years ending on or after September 30, 1996 and prior to May 1, 2010. The Medicare/Medicaid Cost Report version 2552-10 (CMS 2552-10) shall be used for fiscal years beginning on and after May 1, 2010. If the Medicare CMS 2552-10 is superseded by an alternate Medicare developed cost reporting tool during a Medicaid state plan year, that tool must be used for the Medicaid state plan year.]* The Medicaid Cost Report is completed using the Medicare Cost Report form CMS 2552 using the Medicare cost reporting methodologies. *[The only difference between the Medicare and Medicaid Cost Report is that the Federal Reimbursement Allowance (FRA) (i.e., the Missouri hospital provider tax) is not reflected in the cost in the Medicaid Cost Report.]* Based on these methodologies, the costs included in the DSH payment calculation will reflect the Medicaid and uninsured portion of total allowable **hospital** costs from the Medicare Cost Report or the Medicaid Cost Report, as applicable. Costs such as the Missouri Medicaid hospital provider tax FRA are recognized as allowable costs for Medicaid and DSH program purposes and apportioned to Medicaid, uninsured, Medicare, and other payers following the cost finding principles included in the cost/s report, applicable instructions, regulations, and governing statutes.

**[(R)](S)** New facility. A new hospital determined in accordance with 13 CSR 70-15.010 without a base year cost report.

**[(S)](T)** Other Medicaid payments. For purposes of determining estimated hospital-specific DSH limits, the other Medicaid payments include **any non-claim specific Medicaid payment made to a hospital for inpatient or outpatient hospital services, including, but are not limited to: Direct Medicaid [Add-On], Acuity Adjustment Payment, Poison Control Payment, Stop Loss Payment, Graduate Medical Education (GME), [Enhanced GME], Children's Outliers, [and any] cost settlements[.], and Upper payment limit (UPL) payments, [Trauma Add-On payments and Trauma Outlier payments,] if applicable, will be included *[in addition to the above other Medicaid payments]* for purposes of determining the hospital-specific DSH limit in the annual independent DSH audit. Any other payments made with state only funds are not required to be offset in determining the hospital-specific DSH limit.**

**[(T)](U)** Out-of-state DSH payments. DSH payments received by a Missouri hospital from a state other than Missouri.

**[(U)](V)** Section 1011 payments. Section 1011 payments are made to a hospital for costs incurred for the provision of specific services to specific aliens to the extent that the provider was not otherwise reimbursed for such services. Because a portion of the Section 1011 payments are made for uncompensated care costs that are also eligible

under the hospital-specific DSH limit, a defined portion of the Section 1011 payments must be recognized as an amount paid on behalf of those uninsured.

**[(V)/(W)] Shortfall.** The shortfall is the hospital-specific DSH limit in excess of the total amount a hospital has been paid **for inpatient and outpatient hospital services** (including all DSH payments). The source for this calculation is as follows:

1. Actual shortfall. The actual shortfall is based on the annual independent DSH audit; and

2. Estimated shortfall. The estimated shortfall is calculated by the state using data from the state DSH survey, **and** other Medicaid payments[, *and data provided in the most recent independent DSH audit, if applicable*].

**[(W)/(X)] State DSH survey.** The state DSH survey was designed to reflect the standards of calculating uncompensated care cost established by the federal DSH rules in determining hospital-specific DSH limits. The DSH survey is also similar to, or the same as, the DSH survey that is utilized by the independent auditor during the annual independent DSH audit performed in accordance with the federally-mandated DSH audit rules. The blank state DSH survey is referred to as the state DSH survey template. *[The following state DSH survey templates and instructions are incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109. This rule does not incorporate any subsequent amendments or additions.]*

*[1. Version 1 (9/10), also referred to as the 2011 state DSH survey, was used to calculate the SFY 2011 DSH payment adjustments set forth in section (3) and the SFY 2012 interim DSH payments set forth in section (4).*

*2. Version 2 (9/11) or Version 3 (2/12). The hospital may elect to complete either Version 2 (9/11) or Version 3 (2/12) on which its SFY 2013 interim DSH payments will be calculated. The survey shall be referred to as the SFY to which payments will relate. For example, the survey used to determine interim DSH payments for SFY 2013 will be referred to as the 2013 state DSH survey.*

*3. Version 3 (2/12) will be used to calculate interim DSH payments beginning with SFY 2014 as set forth in section (4). The survey shall be referred to as the SFY to which payments will relate.]*

**[4.1.]** *[Version 4, designated as Myers and Stauffer LC, DSH Version 7.20, will be used to calculate interim DSH payments beginning with SFY 2017 as set forth in section (4).] Beginning with SFY 2017, [7]the state DSH survey shall be the most recent DSH survey collected during the independent DSH audit of the fourth prior SFY (i.e., the most recent survey collected by the independent DSH auditor for the SFY [2013/ 2019 independent DSH audit will also be used to calculate the interim DSH payment for SFY [2017/ 2023]. The survey shall be referred to as the SFY to which payments will relate.*

**[(X)/(Y)] Taxable revenue.** Taxable revenue is the hospital's total inpatient adjusted net revenues plus outpatient adjusted net revenues determined in accordance with 13 CSR 70-15.110, paragraph (1)(A)13.

**[(Y)/(Z)] Trends.** A trend of one and a half percent (1.5%) will be applied to the hospital's Estimated Medicaid Net Cost and the Estimated Uninsured Uncompensated Care Cost (UCC) from the year subsequent to the state DSH survey period to the current SFY (i.e., the SFY for which the interim DSH payment is being determined). The first year's trend shall be adjusted to bring the facility's cost to a common fiscal year end of June 30 and the full trends shall be applied for the remaining years. The trends shall be compounded each year to determine the total cumulative trend.

**[(Z)/(AA)] Uncompensated care costs (UCC).** *[The uncompensated care costs eligible for consideration in determining the hospital-specific DSH limit are calculated by reducing costs incurred in furnishing inpatient and outpatient hospital ser-*

*vices to the Medicaid and uninsured populations by revenues received from Medicaid (not including DSH payments), Medicare, private pay, managed care, self-pay, other third parties, and Section 1011 payments. The costs are to be calculated using Medicare cost report costing methodologies described in this rule and should not include costs for services that were denied for any reason. For purposes of this calculation, the Medicaid and uninsured populations include:*

*1. The Medicaid population includes all Medicaid eligible individuals including dual eligible and managed care participants; and*

*2. The uninsured population includes individuals without health insurance or other third-party coverage as defined in this rule, consistent with 42 CFR 447.] The uncompensated care costs are those set forth in subsection (2)(H).*

**[(AA)/(BB)] Uninsured revenues.** Payments received on a cash basis that are required **per 42 CFR 455.301 through 42 CFR 455.304 and 42 CFR 447.299** to be offset against the uninsured cost to determine the uninsured net cost include any amounts received by the hospital, by or on behalf of, either self-pay or uninsured individuals during the SFY under audit.

### **[(3) DSH Payment Adjustments.**

*(A) Beginning in Medicaid state plan year 2011, DSH payments made to hospitals will be revised based on the results of a 2011 state DSH survey. The revisions based on the 2011 state DSH survey will ensure state fiscal year (SFY) 2011 DSH payments are eligible for FFP through compliance with the federal DSH rules. These revisions are to serve as interim adjustments until the federally-mandated annual independent DSH audits are complete. Annual independent DSH audits are finalized three (3) years following the SFY year-end reflected in the audit. For example, the SFY 2011 DSH audit will be finalized in 2014. The interim adjustments shall be determined as follows:*

*1. 2011 estimated hospital-specific DSH limits were determined based upon the state's calculations using data provided in the 2011 state DSH survey, SFY 2011 other Medicaid payments maintained by MHD, and data provided in the final 2007 independent DSH audit, if applicable. DSH payments will be limited to the hospital's estimated hospital-specific DSH limit. The state's calculations will be based on 2011 state DSH surveys received by MO HealthNet as of May 31, 2011. However, a corrected survey may be accepted if it is supported by documentation and the state determines the correction is appropriate and has a material impact on the survey results. The state's calculations are set forth below—*

*A. The 2011 estimated hospital-specific DSH limit is calculated as follows:*

*(I) 2011 estimated Medicaid net cost from the 2011 state DSH survey;*

*(II) Less actual SFY 2011 other Medicaid payments;*  
*(III) Equals 2011 estimated Medicaid uncompensated care cost;*

*(IV) Plus 2011 estimated uninsured uncompensated care cost from the 2011 state DSH survey;*

*(V) Equals 2011 estimated hospital-specific DSH limit;*

*B. The total 2011 estimated longfall/shortfall for each hospital is calculated as follows:*

*(I) 2011 estimated hospital-specific DSH limit;*

*(II) Less DSH payments paid by MHD during SFY 2011;*

*(III) Less out-of-state DSH payments received by the hospital during SFY 2011;*

*(IV) Equals total 2011 estimated longfall/shortfall;*

*C. The total 2011 estimated hospital DSH liability is an overpayment subject to recoupment which will be the*

SFY 2011 interim DSH payment adjustment for hospitals with an estimated shortfall. The total 2011 estimated hospital DSH liability is the lesser of the—

(I) The 2011 estimated shortfall; or

(II) DSH payments paid during SFY 2011;

D. Hospitals that merge their operations under one (1) Medicare and MO HealthNet provider number shall have their SFY 2011 DSH payments adjusted based on combining the results of the 2011 state DSH surveys prorated monthly for the time period the merger was effective. If a 2011 estimated DSH liability is identified, the surviving hospital assumes the responsibility for the overpayment. The calculation for combining and prorating the 2011 state DSH surveys is set forth below—

(I) The estimated hospital DSH liability prior to the merger shall be calculated as follows:

(a) The calculations set forth in subparagraphs (3)(A)1.A., (3)(A)1.B., and (3)(A)1.C. will be calculated based on each separate hospital's 2011 state DSH survey, prorated monthly for the time period prior to the merger;

(II) The estimated hospital DSH liability beginning with the month the merger is effective shall be calculated as follows:

(a) The 2011 state DSH surveys for each hospital shall be added together to yield a combined 2011 state DSH survey and prorated monthly for the time period the merger was effective. The calculations set forth in subparagraphs (3)(A)1.A., (3)(A)1.B., and (3)(A)1.C. will be calculated for the combined 2011 state DSH survey;

(III) The total estimated hospital DSH liability for the merged entity will be the sum of the amounts determined in part (3)(A)1.D.(I) for each hospital plus the combined amount determined in part (3)(A)1.D.(II); and

E. Facilities not providing a 2011 state DSH survey shall have their SFY 2011 DSH payments revised using the most recent hospital-specific information provided to the state by the independent DSH auditor trended to the applicable SFY using the trend factor published in Health Care Costs by DRI/McGraw-Hill and listed in 13 CSR 70-15.010. A facility that was not included in the most recent hospital-specific information provided to the state by the independent DSH auditor shall have their entire SFY 2011 DSH payment recouped.

2. DSH payments paid during SFY 2011 that exceed the 2011 estimated hospital-specific DSH limits will be recouped from the hospitals to reduce their payments to their 2011 estimated hospital-specific DSH limit.

3. The amount of SFY 2011 DSH payments to be recouped from a hospital by the MO HealthNet Division will be limited in each state fiscal year to two percent (2%) of the hospital's taxable revenue set forth as follows. For recoupments made during SFY 2012 the recoupment amount will be limited to two percent (2%) of the hospital's SFY 2011 taxable revenue. Any balance remaining to be recouped during SFY 2013 will be limited to two percent (2%) of the hospital's SFY 2012 taxable revenue. Any balance remaining to be recouped will be incorporated in the final DSH adjustment, if applicable. The limitation on recoupment of DSH payments shall only apply to recoupments determined in accordance with section (3). No limitation on the recoupment of DSH payments shall apply if the hospital DSH liability is determined as a result of the final annual independent DSH audit set forth in section (6).

(B) Any payments that are recouped from hospitals as a result of the state's calculation in subsection (3)(A) will be redistributed to hospitals that are shown to have been paid less than their 2011 estimated hospital-specific DSH limits (i.e., estimated shortfall). These redistributions will occur

proportionally based on each hospital's 2011 estimated shortfall to the total 2011 estimated shortfall, not to exceed each hospital's 2011 estimated hospital-specific DSH limit.

1. Redistribution payments to hospitals that have been paid less than their 2011 estimated hospital-specific DSH limit must occur after the recoupment of payments made to hospitals that have been paid in excess of their 2011 estimated hospital-specific DSH limits. The state may establish a hospital-specific recoupment plan. However, total industry redistribution payments may not exceed total industry recoupments collected to date.

2. If the Medicaid program's original DSH payments did not fully expend the federal DSH allotment for any plan year, the remaining DSH allotment may be paid to hospitals that are under their estimated hospital-specific DSH limit. These payments will occur proportionally based on each hospital's estimated shortfall to the total estimated shortfall, not to exceed each hospital's estimated hospital-specific DSH limit.]

[(4)](3) Interim DSH Payments.

[(A) Beginning with SFY 2012, interim DSH payments shall be calculated on an annual basis as set forth below.

1. SFY 2012 interim DSH payments will be based on the state's calculations using data provided in the 2011 state DSH survey after applying the trend factor published in Health Care Costs by DRI/McGraw-Hill for the current fiscal year, estimated SFY 2012 other Medicaid payments calculated by MHD in accordance with 13 CSR 70-15.010, and data provided in the final 2007 independent DSH audit, if applicable.]

[2.](A) Beginning with SFY 2013, interim DSH payments shall be calculated on an annual basis and will be based on the state's calculations using data provided in the state DSH survey for the applicable SFY, and estimated other Medicaid payments calculated by [MHD]the Division in accordance with 13 CSR 70-15.010, 13 CSR 70-15.015, and 13 CSR 70-15.230 for the applicable SFY[, and data provided in the most recent final independent DSH audit, if applicable].

(B) The interim DSH payments will be calculated as follows:

1. The estimated hospital-specific DSH limit is calculated as follows:

A. Estimated Medicaid net cost from the state DSH survey calculated in accordance with subsection (2)(C);

B. Less estimated other Medicaid payments calculated by [MHD] the Division in accordance with 13 CSR 70-15.010, 13 CSR 70-15.015, and 13 CSR 70-15.230;

C. Equals estimated Medicaid uncompensated care cost;

D. Plus estimated uninsured uncompensated care cost from the state DSH survey calculated in accordance with subsection (2)(E);

E. Equals estimated hospital-specific DSH limit;

2. The estimated uncompensated care costs potentially eligible for MHD interim DSH payments excludes out-of-state DSH payments and is calculated as follows:

A. Estimated hospital-specific DSH limit;

B. Less estimated out-of-state (OOS) DSH payments;

C. Equals estimated uncompensated care cost (UCC) net of OOS DSH payments;

3. Hospitals determined to have a negative estimated UCC net of OOS DSH payments (payments exceed costs) will not receive interim DSH payments because their estimated payments for the SFY are expected to exceed their estimated hospital-specific DSH limit; and

4. Qualified DSH hospitals determined to have a positive estimated UCC net of OOS DSH payments (costs exceed payments) will receive interim DSH payments. The interim DSH payments are subject to the federal DSH allotment, the availability of state funds, and

the estimated hospital-specific DSH limits less estimated OOS DSH payments. The interim DSH payments will be calculated as follows:

A. Interim DSH payments to qualified DSH hospitals determined to have a positive estimated UCC net of OOS DSH payments will be calculated as follows:

(I) Up to one-hundred percent (100%) of the available federal DSH allotment will be allocated to each hospital with a positive estimated UCC net of OOS DSH payments, and the allocation shall result in each hospital receiving the same percentage of their estimated UCC net of OOS DSH payments. The allocation percentage will be calculated at the beginning of the SFY by dividing the available federal DSH allotment to be distributed by the total hospital industry's positive estimated UCC net of OOS DSH payments; and

(II) The allocated amount will then be reduced by one percent (1%) for hospitals that do not contribute through a plan that is approved by the director of the Department of Health and Senior Services to support the state's poison control center and the Primary Care Resource Initiative for Missouri (PRIMO) and Patient Safety Initiative.

(C) Hospitals may elect not to receive an interim DSH payment for a SFY by completing a DSH Waiver form. **This includes federally deemed hospitals that do not have uncompensated care cost to justify the receipt of an interim DSH payment.** Hospitals that elect not to receive an interim DSH payment for a SFY must notify the division, or its authorized agent, that it elects not to receive an interim DSH payment for the upcoming SFY. If a hospital does not receive an interim DSH payment for a SFY, it will not be included in the independent DSH audit related to that SFY and will not be eligible for final DSH audit payment adjustments related to that SFY unless it submits a request to the division to be included in the independent DSH audit. **If the request is approved by the Division, the hospital must submit all necessary data elements to the independent DSH auditor in order to be included in the audit and eligible for final DSH payment adjustments.**

(D) Hospitals, **including federally deemed hospitals**, may elect to receive an upper payment limit payment as defined in 13 CSR 70-15.230 in lieu of DSH payments. Hospitals that elect to receive an upper payment limit payment rather than a DSH payment must submit a request to the MO HealthNet Division on an annual basis. If a hospital does not receive an interim DSH payment for a SFY, it will not be included in the independent DSH audit related to that SFY, and will not be eligible for final DSH audit payment adjustments related to that SFY unless it submits a request to the division to be included in the independent DSH audit. **If the request is approved by the Division, the hospital must submit all necessary data elements to the independent DSH auditor in order to be included in the audit and eligible for final DSH payment adjustments.**

(E) Disproportionate share payments will coincide with the semi-monthly claim payment schedule.

(F) New facilities that do not have a Medicare/Medicaid cost report on which to base the state DSH survey will be paid the lesser of the estimated hospital-specific DSH limit less OOS DSH payments based on the estimated state DSH survey or the industry average estimated interim DSH payment. The industry average estimated interim DSH payment is calculated as follows:

1. Hospitals receiving interim DSH payments, as determined from subsection [(4)(B)](3)(B), shall be divided into quartiles based on total beds;

2. DSH payments shall be individually summed by quartile and then divided by the total beds in the quartile to yield an average interim DSH payment per bed; and

3. The number of beds for the new facility shall be multiplied by the average interim DSH payment per bed.

(G) Interim DSH Payments for Hospital Mergers.

1. Hospitals that merge prior to the beginning of the SFY. Hospitals that merge their operations under one (1) Medicare and MO HealthNet provider number shall have their interim DSH payment determined based on adding each hospital's state DSH survey

to yield a combined state DSH survey and applying the same calculations in subsection [(4)(B)](3)(B).

2. Hospitals that merge after the beginning of the SFY. The interim DSH payments that have been determined separately for the hospitals will be added together and paid to the surviving hospital effective with the approval date of the merger.

(H) *[If the Medicaid program's original interim DSH payments did not fully expend the federal DSH allotment for any plan year, the remaining DSH allotment may be paid to hospitals that are under their estimated hospital-specific DSH limit. These payments will occur proportionally based on each hospital's estimated shortfall to the total estimated shortfall, not to exceed each hospital's estimated hospital-specific DSH limit less OOS DSH payments.]* **Interim DSH Payment Adjustments.**

1. To minimize hospital longfalls, Interim DSH payments made to hospitals will be revised if changes to federally mandated DSH audit standards are enacted during a SFY, updated for Medicaid expansion until it is captured in the required state DSH survey, or any changes in Medicaid reimbursement until it is captured in the required state DSH survey. These revisions are to serve as interim adjustments until the federally mandated DSH audits are complete. DSH audits are finalized three (3) years following the SFY year-end reflected in the audit. For example, the SFY 2019 DSH audit will be finalized in Calendar Year (CY) 2022.

[(5)](4) Department of Mental Health (DMH) Hospitals *[Hospital (DMH)]* DSH Adjustments and Payments.

[(A) Effective June 1, 2011, interim DSH payments made to DMH hospitals will be revised based on the results of a DMH state DSH survey which uses federally-mandated DSH audit standards. These revisions are to serve as interim adjustments until the federally-mandated DSH audits are complete in 2014.]

[(B)](A) Beginning in SFY 2012, due to structural changes occurring at the DMH facilities, interim DSH payments will be based on the third prior base year cost report trended to the current SFY adjusted for the federal reimbursement allowance (FRA) assessment paid by DMH hospitals. The interim DSH payments calculated using the third prior base year cost report may be revised based on the results of a DMH state DSH survey. Additional adjustments may be done based on the results of the federally-mandated DSH audits as set forth below in subsection [(6)(A)](5)(A).

[(C) If the Medicaid program's original DSH payments did not fully expend the federal Institute for Mental Disease (IMD) DSH allotment for any plan year, the remaining IMD DSH allotment may be paid to hospitals that are under their projected hospital-specific DSH limit.]

[(6)](5) Final DSH Adjustments.

(A) Final DSH adjustments will be made after actual cost data is available and the annual independent DSH audit is completed. Annual independent DSH audits are completed three (3) years following the state fiscal year-end reflected in the audit. For example, final DSH adjustments for SFY [2011] 2022 DSH payments will be made following the completion of the annual independent DSH audit in [2014] 2025 (SFY [2015] 2026).

(B) Final DSH adjustments may result in a recoupment for some hospitals and additional DSH payments for other hospitals based on the results of the annual independent DSH audit as set forth below—

1. Hospital DSH liabilities are overpayments which will be recouped. If the annual independent DSH audit reflects that a facility has a hospital DSH liability, it is an overpayment to the hospital and is subject to recoupment. The hospital's DSH liability shown on the final independent DSH audit report, that is required to be submitted to CMS by December 31, will be due to the division by [March] October 31 of the following year;

2. Any overpayments that are recouped from hospitals as the result of the final DSH adjustment will be redistributed to hospitals that are shown to have a total shortfall. These redistributions will occur proportionally based on each hospital's total shortfall to the total shortfall, not to exceed each hospital-specific DSH limit less OOS DSH payments;

3. Redistribution payments to hospitals that have a total shortfall must occur after the recoupment of hospital DSH liabilities. However, total industry redistribution payments may not exceed total industry recoupments collected to date;

4. If the amount of DSH payments to be recouped as a result of the final DSH adjustment is more than can be redistributed, the entire amount **in excess of the amount able to be redistributed** will be recouped and the federal share will be returned to the federal government. The state share of the final DSH recoupments that has not been redistributed to hospitals with DSH shortfalls may be used to make a hospital upper payment limit payment and/or a state-only Quality Improvement payment to all non-DMH hospitals. The state-only Quality Improvement payment will be paid proportionally to non-DMH hospitals based on the number of hospital staffed beds to total staffed beds for the same state fiscal year the final DSH adjustment relates to. Staffed beds are reported on the Missouri Annual Licensing Survey which is mandated by the Department of Health and Senior Services in accordance with 19 CSR 10-33.030; and

5. If the Medicaid program's original interim DSH payments did not fully expend the federal DSH allotment for any plan year, the remaining DSH allotment may be paid to hospitals that are under their hospital-specific DSH limit as determined from the annual independent DSH audit. These payments will occur proportionally based on each hospital's shortfall to the total shortfall, not to exceed each hospital's hospital-specific DSH limit less OOS DSH payments.

**6. If the Medicaid program's original DSH payments did not fully expend the federal Institute for Mental Disease (IMD) DSH allotment for any plan year, the remaining IMD DSH allotment may be paid to IMD hospitals that are under their projected hospital-specific DSH limit. These payments will occur proportionally based on each hospital's estimated shortfall to the total estimated shortfall, not to exceed each hospital's estimated hospital-specific DSH limit less OOS DSH payments.**

*[(7)](6) Record Retention.*

(A) Records used to complete the state's DSH survey shall be kept until the final audit is completed. For example, the SFY *[2011] 2022* state DSH survey will use *[2009] 2018* cost data which must be maintained until the *[2014] 2022* DSH audits are completed in SFY *[2015] 2026*.

(B) Records provided by hospitals to the state's independent auditor shall also be maintained until the federal independent DSH audit is complete.

*[(8)](7) State DSH Survey Reporting Requirements.*

*[(A) Prior to SFY 2017, each hospital participating in the MO HealthNet program shall submit a state DSH survey prescribed by the state MO HealthNet agency and must be submitted by December 31 of each year. However, a corrected survey may be accepted if it is supported by documentation and the state determines the correction is appropriate and has a material impact on the survey results. The state DSH survey for each interim DSH payment period shall be completed based on the third prior year Medicare cost report adjusted to reflect anticipated operations for the interim DSH payment period. The historical Medicare cost report data may be adjusted for inflationary trends, volume adjustments, changes in reimbursement methodology, and/or other business decisions (i.e., expanded or terminated services, etc.) For example, the state DSH survey that will be used to determine SFY 2013 interim DSH payments will be based on the state DSH survey completed using the 2010 Medicare cost*

*report data adjusted by the hospital to 2013.*

*1. If a new facility does not have a third prior year Medicare cost report, the state DSH survey shall be completed using the second prior year Medicare cost report, if available, adjusted to reflect anticipated operations for the interim DSH payment period.*

*2. If a new facility does not have a second prior year Medicare cost report, the state DSH survey shall be completed using the prior year Medicare cost report, if available, adjusted to reflect anticipated operations for the interim DSH payment period.*

*3. If a new facility does not have a prior year Medicare cost report, the state DSH survey shall be completed using facility projections to reflect anticipated operations for the interim DSH payment period. Interim DSH payments determined from this state DSH survey are limited to the industry average estimated interim DSH payment as set forth in subsection (4)(F).]*

*[(B)](A) Beginning in SFY 2016, each hospital must complete and submit the state DSH survey set forth in paragraph [(2)(W)4.](2)(X)1. (i.e., required state DSH survey) to the independent DSH auditor, the MO HealthNet Division's authorized agent, in order to be considered for an interim DSH payment for the subsequent SFY (i.e., DSH surveys collected during SFY 2016 will be used to calculate SFY 2017 interim DSH payments). The independent DSH auditor will distribute the state DSH survey template to the hospitals to complete and will notify them of the due date, which shall be a minimum of thirty (30) days from the date it is distributed. However, the state DSH survey is due to the independent DSH auditor no later than March 1 preceding the beginning of each state fiscal year for which the interim DSH payment is being calculated (i.e., the state DSH survey used for SFY 2017 interim DSH payments will be due to the independent DSH auditor no later than March 1, 2016). Hospitals that do not submit the state DSH survey by March 1 will not be eligible to receive an interim DSH payment for that SFY. The division may grant an industry-wide extension on the March 1 deadline due to unanticipated circumstances that affect the industry as a whole. The independent DSH auditor may perform an initial review of the required state DSH survey submitted by the hospital and make preliminary adjustments for use in calculating the interim DSH payment. The independent DSH auditor shall provide the hospital with any preliminary adjustments that are made for review and comment prior to the data being provided to MHD for use in calculating the interim DSH payment for the SFY. Additional or revised audit adjustments may be made to the DSH survey for purposes of the independent DSH audit.*

*1. A new facility that does not have cost report data for the fourth prior year may complete the state DSH survey using actual, untrended cost and payment data from the most recent twelve- (12-) month cost report filed with the division.*

*2. A new facility that has not yet filed a twelve- (12-) month Medicaid cost report with the division may complete the state DSH survey using facility projections to reflect anticipated operations for the interim DSH payment period. Trends shall not be applied to the data used to complete the state DSH survey. Interim DSH payments determined from this state DSH survey are limited to the industry average estimated interim DSH payment as set forth in subsection [(4)(F)](3)(F).*

*3. Hospitals may elect not to receive an interim DSH payment for a SFY by completing a DSH Waiver form. Hospitals that elect not to receive an interim DSH payment for a SFY must notify the division, or its authorized agent, that it elects not to receive an interim DSH payment for the upcoming SFY. If a hospital does not receive an interim DSH payment for a SFY, it will not be included in the independent DSH audit related to that SFY, and will not be eligible for final DSH audit payment adjustments related to that SFY unless it submits a request to the division to be included in the independent DSH audit. **If the request is approved by the Division, the hospital***

**must submit all necessary data elements to the independent DSH auditor in order to be included in the audit and eligible for final DSH payment adjustments.**

4. If a hospital received an interim DSH payment and later determined that it did not have uncompensated care costs for Medicaid and the uninsured to support part or all the interim DSH payment that it received or is receiving, the hospital may request that the interim DSH payments be stopped or it may return the entire interim DSH payment it received.

5. Exceptions Process to Use Alternate Data for Interim DSH Payment.

A. A hospital may submit a request to the division to have its interim DSH payment based on alternate data as set forth below rather than the state DSH survey required to be submitted for the year (i.e., required state DSH survey) if it meets the criteria for any of the circumstances detailed below in subparagraph [(8)(B)5.D.]/(7)(A)5.D. The request must include an explanation of the circumstance, the impact it has on the required state DSH survey period, and how it causes the data to be materially misstated or unrepresentative. The division shall review the facility's request and may, at its discretion and for good cause shown, use the alternate data in determining the interim DSH payment for the SFY. The division shall notify the facility of its decision regarding the request.

(I) Alternate state DSH survey. A state DSH survey completed using the actual, untrended cost and payment data from the most recent twelve- (12-) month cost report filed with the division. Any hospital requesting an exception must complete an alternate state DSH survey. If the most recent full year cost report filed with the division does not reflect the impact of any material changes, a supplemental schedule, as defined below, may be completed and submitted in addition to the alternate state DSH survey. If the impact of any changes is reflected in the most recent full year cost report filed with the division, the facility may only use the alternate state DSH survey.

(II) Alternate state DSH survey supplemental schedule. A supplemental schedule developed by the division to recognize material changes that have occurred at a hospital that are not yet reflected in the hospital's alternate state DSH survey. The supplemental schedule uses the data from the alternate state DSH survey as the basis and includes additional fields to reflect changes that occurred subsequent to the alternate state DSH survey period through the SFY for which the interim DSH payment is being calculated. The blank alternate state DSH survey supplemental schedule is referred to as the alternate state DSH survey supplemental template. *[This template and instructions are incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, at its website dss.mo.gov/mhd, February 1, 2017. This rule does not incorporate any subsequent amendments or additions.]*

B. The provider must submit both the required state DSH survey and the alternate data for review to determine if the facility meets the criteria set forth below in subparagraph [(8)(B)5.D.]/(7)(A)5.D.

C. The interim DSH payment based on the applicable alternate data shall be calculated in the same manner as the interim DSH payment based on the required state DSH survey, except for the trends applied to the alternate data as noted below in parts [(8)(B)5.C.(I) and (III)] (7)(A)5.C.(I) and (II). The allocation percentage calculated at the beginning of the SFY year as set forth in part [(4)(B)4.A.(II)] (3)(B)4.A.(I) shall be applied to the estimated UCC net of OOS DSH payments based on the alternate data to determine the preliminary interim DSH payment.

(I) Alternate state DSH survey. The trends applied to the alternate state DSH survey shall be from the year subsequent to the alternate state DSH survey period to the current SFY for which the interim DSH payment is being determined.

(II) Alternate state DSH survey supplemental schedule. Trends shall not be applied to an alternate state DSH survey supplemental schedule since it incorporates changes from the full year cost

report period through the SFY for which the interim DSH payment is being calculated.

D. Following are the circumstances for which a provider may request that its interim DSH payment be based on alternate data rather than the required state DSH survey, including the criteria and other requirements:

(I) Twenty Percent (20.00%) DSH Outlier. A provider may request that the alternate state DSH survey be used prior to the interim DSH payment being determined for the SFY if the Untrended Total Estimated Net Cost *[on the "Report Summary" tab, Column J,]* from the alternate state DSH survey is at least twenty percent (20.00%) higher than the Trended Total Estimated Net Cost *[on the "Report Summary" tab, Column L,]* from the required state DSH survey (i.e., the increase is at least twenty percent (20.00%) rounded to two (2) decimal places).

(a) Both the required state DSH survey and the alternate state DSH survey must be submitted to the independent DSH auditor and the division, respectively, no later than March 1 preceding the beginning of each SFY for which interim DSH payments are being made;

(II) Extraordinary Circumstances. A provider may request that alternate data be used if the facility experienced an extraordinary circumstance during or after the required state DSH survey report period up to the SFY for which the interim DSH payment is being calculated that caused the required DSH survey report period to be materially misstated and unrepresentative. If circumstances found in items [(8)(B)5.D.(III)(a)I.-III.]/(7)(A)5.D.(II)(a)I.-III. below are applicable, the facility may complete and submit the applicable alternate data.

(a) Extraordinary circumstances include unavoidable circumstances that are beyond the control of the facility and include the following:

I. Act of *[nature]* God (i.e., tornado, hurricane, flooding, earthquake, lightning, natural wildfire, etc.);

II. War;

III. Civil disturbance; or

IV. If the data to complete the required state DSH survey set forth in paragraph [(2)(W)4.]/(2)(X)1. is not available due to a change in ownership because the prior owner is out of business and is uncooperative and unwilling to provide the necessary data.

(b) A change in hospital operations or services (i.e., terminating or adding a service or a hospital wing; or, a change of owner, except as noted in item [(8)(B)5.D.(III)(a)IV.]/(7)(A)5.D.(II)(a)IV., manager, control, operation, leaseholder or leasehold interest, or Medicare provider number by whatever form for any hospital previously certified at any time for participation in the MO HealthNet program, etc.) does not constitute an extraordinary circumstance.

(c) Both the required state DSH survey and the alternate data must be submitted to the independent DSH auditor and the division, respectively, no later than March 1 if the alternate data is to be used to determine the interim DSH payment at the beginning of the SFY.

(d) A hospital may submit a request to use alternate data due to extraordinary circumstances after March 1, but the alternate data and the resulting interim DSH payment will be subject to the same requirements as the Interim DSH Payment Adjustments noted below in subparts [(8)(B)5.D.(III)(b)-(d.)/ (7)(A)5.D.(III)(b)-(d.)]. The requests relating to extraordinary circumstances received after the March 1 deadline will be included with the Interim DSH Payment Adjustments requests in part [(8)(B)5.D.(III)] (7)(A)5.D.(III) in distributing the unobligated DSH allotment and available state funds remaining for the SFY; or

(III) Interim DSH Payment Adjustment.

(a) After the interim DSH payment has been calculated for the current SFY based on the required state DSH survey, a provider may request that alternate data be used if the Untrended Total Estimated Net Cost *[on the "Report Summary" tab,*

*Column J,]* from the alternate data is at least twenty percent (20.00%) higher than the Trended Total Estimated Net Cost *[on the "Report Summary" tab, Column L,]* from the required state DSH survey (i.e., the increase is at least twenty percent (20.00%) rounded to two (2) decimal places).

(b) The division will process interim DSH payment adjustments once a year. After all requests are received, the division will determine whether revisions to the interim DSH payments are appropriate. Any revisions to the interim DSH payments are subject to the unobligated DSH allotment remaining for the SFY and availability of state funds.

(c) The request, including the alternate data, must be submitted to the division by December 31 of the current SFY for which interim DSH payments are being made.

(d) To the extent that state funds are available, the DSH allotment for the SFY that has not otherwise been obligated will be distributed proportionally to the hospitals determined to meet the above criteria, based on the difference between the preliminary interim DSH payment based on the alternate data and the original interim DSH payment;

*[(IV) If a provider met the criteria to use alternate data for an Interim DSH Payment Adjustment ((8)(B)5.D.(III)) in the prior SFY, it may continue to use alternate data for its interim DSH payment until the required state DSH survey reflects the impact of the change. The hospital must submit the request and the alternate data to the division for review and approval no later than March 1.]*

**AUTHORITY:** sections [208.152,] 208.153, 208.158, 208.201, and 660.017, RSMo 2016, and section 208.152, RSMo Supp. 2021. Emergency rule filed May 20, 2011, effective June 1, 2011, expired Nov. 28, 2011. Original rule filed May 20, 2011, effective Jan. 30, 2012. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed June 16, 2022, effective July 1, 2022, expires Feb. 23, 2023. A proposed amendment covering this same material is published in this issue of the **Missouri Register**.

**PUBLIC COST:** This emergency amendment is estimated to cost the state approximately \$36.9 million (State Share: \$12.7 million FRA and \$116 thousand IGT for DMH) in the time the emergency is effective. This emergency amendment is estimated to cost public entities approximately \$2.5 million in the time the emergency is effective.

**PRIVATE COST:** This emergency amendment is estimated to increase payments to in-state private entities by approximately \$39.5 million in the time the emergency is effective.

**FISCAL NOTE  
PUBLIC COST**

- I. **Department Title:** 13 Social Services  
**Division Title:** 70 MO HealthNet Division  
**Chapter Title:** 15 Hospital Program

<b>Rule Number and Name:</b>	13 CSR 70-15.220 Disproportionate Share Hospital (DSH) Payments
<b>Type of Rulemaking:</b>	Emergency Amendment

**II. SUMMARY OF FISCAL IMPACT**

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
<b>Other Government (Public) &amp; State Hospitals enrolled in MO HealthNet - 38</b>	<b>Estimated cost for 6 months of SFY 2023: \$2.5 million</b>
<b>Department of Social Services, MO HealthNet Division</b>	<b>Estimated cost for 6 months of SFY 2023: Total \$36.9 million; State Share \$12.7 million (FRA) State Share \$116 thousand (IGT)</b>

**III. WORKSHEET**

<b>Other Government (Public) &amp; State Hospitals Cost:</b>			
<b>Estimated Cost for 6 Months of SFY 2023:</b>			
	FRA Fund	IGT Fund	Total
Estimated Cost to State Hospitals	\$0	\$341,402	\$341,402
Estimated Cost to Other Government (Public) Hospitals	\$2,195,298	\$0	\$2,195,298
Total Estimated Cost	\$2,195,298	\$341,402	\$2,536,700
State Share Percentage	34.0525%	34.0525%	34.0525%
Estimated State Share	\$747,554	\$116,256	\$863,810
<b>Department of Social Services, MO HealthNet Division Cost:</b>			
<b>Estimated Cost for 6 Months of SFY 2023:</b>			
	FRA Fund	IGT Fund	Total
Estimated Cost	\$37,290,286	\$341,402	\$36,948,884
State Share Percentage	34.0525%	34.0525%	34.0525%
Estimated State Share Cost	\$12,698,274	\$116,256	\$12,582,019



#### **IV. ASSUMPTIONS**

The following regulations are impacted by the change to the hospital reimbursement methodology and the impact of all the regulations should be netted to arrive at the total impact. The net impact is a cost to the state of \$3.8 million for 6 months of SFY 2023.

13 CSR 70-15.010

13 CSR 70-15.015

13 CSR 70-15.220

13 CSR 70-15.230

The fiscal impact is estimated based on historical utilization and enrollment. Other variables such as the length of the Federal Public Health Emergency and Medicaid Expansion enrollment may indirectly affect the hospital utilization both positively and negatively. Due to the uncertainty of these variables, the state will continue to monitor the impacts to the Managed Care Organizations and hospitals.

**FISCAL NOTE  
PRIVATE COST**

- I. Department Title:** 13 Social Services  
**Division Title:** 70 MO HealthNet Division  
**Chapter Title:** 15 Hospital Program

<b>Rule Number and Title:</b>	13 CSR 70-15.220 Disproportionate Share Hospital (DSH) Payments
<b>Type of Rulemaking:</b>	Emergency Amendment

**II. SUMMARY OF FISCAL IMPACT**

<b>Estimate of the number of entities by class which would likely be affected by the adoption of the rule:</b>	<b>Classification by types of the business entities which would likely be affected:</b>	<b>Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:</b>
<b>In-State Hospitals – 100</b>	<b>Private Hospitals enrolled in MO HealthNet</b>	<b>Estimated impact for 6 months of SFY 2023: \$39.5 million</b>

**III. WORKSHEET**

<b><u>In-State Private Hospitals Impact:</u></b>			
<b><u>Estimated Impact for 6 Months of SFY 2023:</u></b>			
	FRA Fund	IGT Fund	Total
Estimated Impact to In-State Private Hospitals	\$39,485,584	\$0	\$39,485,584
State Share Percentage	34.0525%	34.0525%	34.0525%
Estimated State Share	\$13,445,828	\$0	\$13,445,828

**IV. ASSUMPTIONS**

The following regulations are impacted by the change to the hospital reimbursement methodology and the impact of all the regulations should be netted to arrive at the total impact. The net impact is a cost to the state of \$3.8 million for 6 months of SFY 2023.

13 CSR 70-15.010  
 13 CSR 70-15.015  
 13 CSR 70-15.220  
 13 CSR 70-15.230

The fiscal impact is estimated based on historical utilization and enrollment. Other variables such as the length of the Federal Public Health Emergency and Medicaid Expansion enrollment may indirectly affect the hospital utilization both positively and negatively. Due to the uncertainty of these variables, the state will continue to monitor the impacts to the Managed Care Organizations and hospitals.

**T**he Secretary of State shall publish all executive orders beginning January 1, 2003, pursuant to section 536.035.2, RSMo.



## *State of Missouri* *Governor's Proclamation*

WHEREAS, in 1973 the United States Supreme Court handed down its opinion in the case of *Roe v. Wade*, 410 U.S. 113 (1973), thereby striking down state authority to protect unborn life; and

WHEREAS, the United States Supreme Court identified the Due Process Clause of the 14th Amendment to the United States Constitution as the fount of legal authority for its decision; and

WHEREAS, in 1992 the United States Supreme Court modified the legal analysis underpinning the *Roe* decision in the case of *Planned Parenthood v. Casey*, 505 U.S. 833 (1992), thereby re-affirming its previous decision to limit state's authority to protect unborn life; and

WHEREAS, the State of Missouri began banning abortions in 1825, which was subsequently upheld in 1972 by the Supreme Court of Missouri in the case of *Rogers v. Danforth*, 486 S.W.2d 258, 259 (Mo. banc 1972); and

WHEREAS, the people, through their elected representatives at the state level, have the right and authority to enact policy regarding the protection of unborn life; and

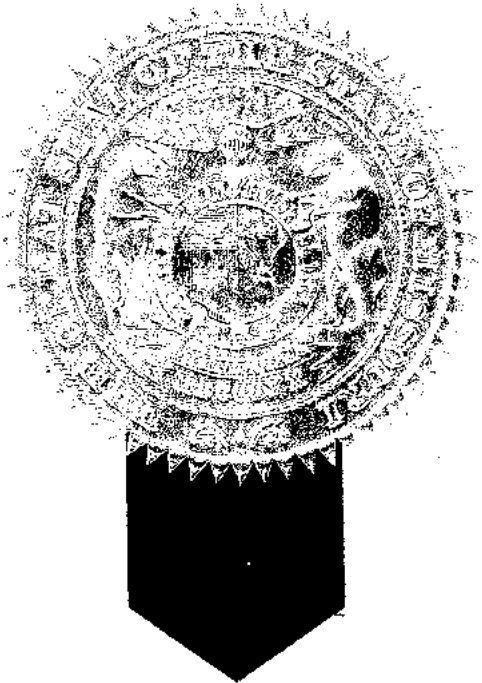
WHEREAS, in 1986 the Missouri General Assembly declared that life begins at conception pursuant to Section 1.205, RSMo; and

WHEREAS, the 10th Amendment to the United States Constitution reserves to the states and the people powers not explicitly delegated to the federal government and no power over protection of unborn life is delegated to the federal government; and

WHEREAS, on June 24, 2022, the United States Supreme Court overturned *Roe* and *Casey* in the case of *Dobbs v. Jackson Women's Health Org.*, 597 U.S. \_\_\_\_ (2022) (slip op.), thereby restoring the people's right, through their elected representatives at the state level, to enact policy regarding the protection of unborn life.

NOW, THEREFORE, I, MICHAEL L. PARSON, GOVERNOR OF THE STATE OF MISSOURI, by virtue of the authority vested in me by the Constitution and the laws of the State of Missouri, specifically Section 188.017, RSMo, do hereby notify the Revisor of Statutes that it is reasonably probable that Section 188.017, RSMo will be upheld by the courts as constitutional. Further, in accordance with *Dobbs*, Section 188.017, RSMo is hereby effective as of the date of this order.

IN WITNESS WHEREOF, I have hereunto set my hand  
and caused to be affixed the Great Seal of the State of  
Missouri, in the City of Jefferson, on this 24th day of  
June, 2022.



ATTEST:

A handwritten signature in black ink, reading "Michael L. Parson".

*Michael L. Parson*  
GOVERNOR

ATTEST:

A handwritten signature in black ink, reading "John R. Ashcroft".

SECRETARY OF STATE

**U**nder this heading will appear the text of proposed rules and changes. The notice of proposed rulemaking is required to contain an explanation of any new rule or any change in an existing rule and the reasons therefor. This is set out in the Purpose section with each rule. Also required is a citation to the legal authority to make rules. This appears following the text of the rule, after the word "Authority."

**E**ntirely new rules are printed without any special symbology under the heading of proposed rule. If an existing rule is to be amended or rescinded, it will have a heading of proposed amendment or proposed rescission. Rules which are proposed to be amended will have new matter printed in boldface type and matter to be deleted placed in brackets.

**A**n important function of the *Missouri Register* is to solicit and encourage public participation in the rulemaking process. The law provides that for every proposed rule, amendment, or rescission there must be a notice that anyone may comment on the proposed action. This comment may take different forms.

**I**f an agency is required by statute to hold a public hearing before making any new rules, then a Notice of Public Hearing will appear following the text of the rule. Hearing dates must be at least thirty (30) days after publication of the notice in the *Missouri Register*. If no hearing is planned or required, the agency must give a Notice to Submit Comments. This allows anyone to file statements in support of or in opposition to the proposed action with the agency within a specified time, no less than thirty (30) days after publication of the notice in the *Missouri Register*.

**A**n agency may hold a public hearing on a rule even though not required by law to hold one. If an agency allows comments to be received following the hearing date, the close of comments date will be used as the beginning day in the ninety- (90-) day-count necessary for the filing of the order of rulemaking.

**I**f an agency decides to hold a public hearing after planning not to, it must withdraw the earlier notice and file a new notice of proposed rulemaking and schedule a hearing for a date not less than thirty (30) days from the date of publication of the new notice.

Proposed Amendment Text Reminder:

**Boldface text indicates new matter.**

*[Bracketed text indicates matter being deleted.]*

## Title 5—DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

### Division 20—Division of Learning Services Chapter 400—Office of Educator Quality

#### PROPOSED AMENDMENT

**5 CSR 20-400.610 Certification Requirements for Initial Administrator Certificate** *[(School Leader Kindergarten-Grade 12)]*. The State Board of Education is amending the administrative rule title, deleting subparagraphs (4)(A)5.A. and (4)(A)5.B., adding new subparagraphs (4)(A)5.A. and (4)(A)5.B., and amending section (5).

**PURPOSE:** *This amendment updates the requirements for an Initial Administrator Certificate (Superintendent, Kindergarten-Grade 12).*

(4) An applicant for a Missouri Initial Administrator Certificate

(Superintendent, Kindergarten-Grade 12) who possesses good moral character may be granted an Initial Administrator Certificate (Superintendent, Kindergarten-Grade 12) subject to the certification requirements found in 5 CSR 20-400.500 and the following additional certification requirements specific to Superintendents:

(A) Professional Requirements. An Initial Administrator certificate, valid for a period of four (4) years from the date of issuance, will be issued to applicants meeting the following requirements:

1. A permanent or professional Missouri certificate of license to teach;

2. A minimum of three (3) years of experience as a building- or district-level administrator at a public or accredited nonpublic school;

3. The applicant must achieve a score equal to or in excess of the qualifying score on the required exit assessment(s) as defined in 5 CSR 20-400.310 and 5 CSR 20-400.440. The official score shall be submitted to the department;

4. Completion of a course in Psychology/Education of the Exceptional Child;

5. Completion of an educational specialist or advanced degree program in educational leadership and recommendation from the designated official of a regionally accredited college or university or other education leadership program approved by the department which shall include:

*[A. Specific courses (must be separate graduate courses of at least two (2) semester hours*

*(I) Foundations of Educational Administration, including components of Career and Special Education;*

*(II) School Supervision; and*

*(III) School Law;*

*B. Knowledge and/or competency in each of the following areas:*

*(I) Vision, Mission, and Goals—*

*(a) Developing and articulating a vision; and*

*(b) Implementing and stewarding a vision;*

*(II) Teaching and Learning—*

*(a) Promoting positive school culture;*

*(b) Promoting effective instructional programs;*

*(c) Ensuring comprehensive professional growth plans; and*

*(d) Data and assessment;*

*(III) Management of Organizational Systems—*

*(a) Managing the organizational structure;*

*(b) Leading personnel;*

*(c) Managing resources; and*

*(d) Processes of effective evaluation of educators;*

*(IV) Collaboration with Families and Stakeholders—*

*(a) Collaborating with families and other community members;*

*(b) Responding to community interests and needs; and*

*(c) Mobilizing community resources;*

*(V) Ethics and Integrity—*

*(a) Personal and professional responsibilities;*

*(VI) The Education System—*

*(a) Understanding the larger context;*

*(b) Responding to the larger context; and*

*(c) Influencing the larger context;*

*(VII) Professional Development—*

*(a) Increasing knowledge and skills based on best practices; and]*

**A. Coursework must be at the graduate level and fall within the following five (5) domains of district-level leadership —**

**(I) Visionary Leadership;**

**(II) Instructional Leadership;**

- (III) Managerial Leadership;
- (IV) Relational Leadership; and
- (V) Innovative Leadership;

B. Knowledge and/or competency in each of the following areas:

(I) Visionary Leadership—

- (a) Knows the importance of a vision and how it relates to the core values and culture of the district;
- (b) Understands the importance of all stakeholders knowing the collective mission, vision, and core values;
- (c) Understands how multiple sources of data are connected to a mission, vision, and core values;

(II) Instructional Leadership—

- (a) Understands how standards apply to horizontal and vertical alignment of local curricula and content areas;
- (b) Understands a variety of research-based instructional practices and how to appropriately match them to learning content;

(c) Understands legal implications impacting instruction and ensures meaningful feedback related to effective teacher and leader practice;

(d) Understands the importance of assessing student learning using a variety of formal and informal assessments;

(e) Understands the importance of multiple strategies for analyzing data to inform the instructional process; and

(f) Understands the principles of adult learning and how these help develop principal and teacher capacity;

(III) Managerial Leadership—

(a) Knows how safe and functional district facilities and grounds support student learning;

(b) Understands how routines, protocols, procedures, policies, and technology support the district environment;

(c) Understands tools used to determine key attributes of effective personnel;

(d) Understands the necessity of establishing and communicating clear expectations, guidelines, policies, and procedures respecting the rights of all staff and students;

(e) Understands the role of observation, feedback, documentation, and intervention for improving or removing personnel and the legal and ethical decisions in creating an effective educator evaluation process;

(f) Is knowledgeable of requirements regarding personnel records, laws, and reports;

(g) Understands the statutory requirements that affect how a district budget works and the major sources of revenue to support district goals and priorities; and

(h) Understands the statutory requirements that affect how non-fiscal resources support district goals and priorities;

(IV) Relational Leadership—

(a) Knows how and why analysis of student demographics is used to determine the overall diversity of a district and its impact on the teaching and learning process;

(b) Understands the legal implications of in-district and out-of-district strategies and resources available in supporting the well-being of each student;

(c) Understands how to build positive and ethical relationships in support of student learning and well-being;

(d) Understands the importance of building effective, ethical relationships with all staff;

(e) Understands how to develop a culture of support and respect among staff and in the community;

(f) Serves as a district leader and understands the importance of building leadership capacity in a district;

(g) Understands a variety of strategies for building relationships and working cooperatively with board members; and

(h) Recognizes the impact the larger political, social,

economic, legal, and cultural issues can have on educational issues in the school district;

(V) Innovative Leadership—

(a) Recognizes knowledge, skills, and best practices support continuous professional growth;

(b) Understands the need for professional networks as a key element of professional growth;

(c) Understands the importance of reflection and a commitment to ongoing learning;

(d) Understands the importance of feedback for improving performance;

(e) Understands how time management is a key factor for maintaining a focus on district priorities;

(f) Recognizes that beliefs based on new knowledge, understandings, and technology are used as a catalyst for change;

(g) Understands the need to be flexible and willing to vary an approach when circumstances change; and

C. Directed field experiences in superintendency of at least three (3) semester hours.

(5) The requirements of this rule shall become effective [August 1, 2020/ August 31, 2023].

*AUTHORITY:* sections 161.092, 168.011, 168.071, 168.081, 168.400, 168.405, and 168.409, RSMo 2016, and section 168.021, RSMo Supp. [2019] 2021. Original rule filed Oct. 29, 2013, effective May 30, 2014. Amended: Filed June 13, 2019, effective Jan. 30, 2020. Amended: Filed June 24, 2022.

*PUBLIC COST:* This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

*PRIVATE COST:* This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Elementary and Secondary Education, ATTN: Dr. Paul Katnik, Assistant Commissioner, Office of Educator Quality, PO Box 480, Jefferson City, MO 65102-0480 or by email to [educatorquality@dese.mo.gov](mailto:educatorquality@dese.mo.gov). To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

## Title 5—DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION Division 25—Office of Childhood Chapter 100—Early Childhood Development

### PROPOSED AMENDMENT

**5 CSR 25-100.330 General Provisions Governing Programs Authorized Under the Early Childhood Development Act.** The state board of education is amending sections (1) and (2), and adding paragraph (1)(A)9.

*PURPOSE:* The amendment updates the requirements for programs and projects carried out by school districts under the Early Childhood Development Act; this amendment also updates the Office of Early and Extended Learning to the Office of Childhood, pursuant to Executive Order 21-02.

(1) All programs and projects carried out by school districts under the Early Childhood Development Act (ECDA) shall be conducted in conformity with—

(A) The school district's annual application for district program

approval under the ECDA, pursuant to applicable state laws and regulations and the following:

1. The school district *[must]* shall designate a supervisor who will be responsible for the oversight, *[and]* delivery, and evaluation of the *[Parents as Teachers (PAT)]* parent education program including presenting the goals, objectives, and effectiveness of the program regularly to the local school board;

2. The school district *[must]* shall establish a Community Advisory Committee or utilize an existing committee that includes key stakeholders such as families, early childhood providers, school administration, school board members, and other community leaders. The purpose of the Community Advisory Committee is to promote, plan, and evaluate the parent education program. The Community Advisory Committee shall meet, at a minimum, twice during the program year;

3. The school district *[must use parent educators that meet the minimum requirements established by the Department of Elementary and Secondary Education (department) and renew curriculum subscription(s) annually through Parents as Teachers National Center]* shall provide families with access to qualified parent educator(s) who provide parent education services. The parent educator(s) shall be trained in an approved curriculum and complete the required hours of annual professional development;

4. The school district *[must]* shall provide *[a PAT]* an approved parent education program that *[promotes early learning, knowledge and understanding of child development, partnerships between families and schools, and access to community resources for a]* supports families expecting a child or who have a child under the age of kindergarten entry. These services shall be provided for, at a minimum, *[of]* nine (9) months during the program year;

5. *[The PAT program must be implemented to provide family]* The school district shall offer families access to personal visits *[using the department approved curriculum]*, developmental screenings *[for age eligible children using a department approved screening instrument]*, group connections, and *[access to a resource]* a network of resources within the community to support their child's education and development;

6. The school district *[must]* shall, annually, gather and summarize feedback from families regarding the services received and use the results for program improvement;

7. The school district *[must maintain documentation to verify services that maintains confidentiality of participating families; and]* shall utilize a systematic method for collecting, reporting, and securely storing data;

8. *[The]* If a school district *[must collect and report all data requested by the department.]* fails to offer or is unable to offer an approved parent education program, the district shall enter into a contract with another district, public agency, or state-approved not-for-profit agency to offer an approved program that meets these requirements; and

9. Funds received from the department, subject to appropriation by the General Assembly, for this parent education program cannot be used to support other programs and services provided in the school district. Prior to payment for programs and projects carried out by school districts under the ECDA, the school district shall agree to follow all procurement assurances, including monitoring, for the use of state and/or federal funds by written agreement with the department.

(2) Any rule or interpretation of a rule promulgated by the State Board of Education in exercising its responsibilities under the statute may be waived by the assistant commissioner, Office of *[Early and Extended Learning]* Childhood, upon *[his/her]* determination that a situation exists in which the application of the rule or interpretation would *[work]* cause an extreme hardship upon the affected party, or would work to the detriment of the intended beneficiaries of the pro-

gram.

**AUTHORITY:** sections 161.092, and 178.691–178.699, RSMo 2016. This rule previously filed as 5 CSR 50-270.010 and 5 CSR 20-600.110. Original rule filed April 4, 1985, effective Sept. 3, 1985. For intervening history, please consult the Code of State Regulations. Amended: Filed June 24, 2022.

**PUBLIC COST:** This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

**PRIVATE COST:** This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

**NOTICE TO SUBMIT COMMENTS:** Anyone may file a statement in support of or in opposition to this proposed amendment with Lisa Ivy, Department of Elementary and Secondary Education, Office of Childhood, PO Box 480, Jefferson City, MO 65102-0480, by faxing (573) 526-8000, or via email at [childhoodrules@dese.mo.gov](mailto:childhoodrules@dese.mo.gov). To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

## Title 10—DEPARTMENT OF NATURAL RESOURCES Division 20—Clean Water Commission Chapter 6—Permits

### PROPOSED AMENDMENT

**10 CSR 20-6.010 Construction and Operating Permits** The Clean Water Commission is amending subsections (1)(B), (2)(A) and (C), (4)(A), (5)(B), and (5)(G).

**PURPOSE:** The amendment requires that applicants submit electronic versions of applications and makes the submittal of paper copies optional unless required upon department request. This amendment will also clarify the construction permit application exemption in 10 CSR 20-6.010(5)(B)3. to be consistent with the statutory requirement that industrial facilities get a permit. The third component of the amendment establishes an exemption from higher level continuing authorities for industrial stormwater permittees and industrial no-discharge permittees.

(1) Permits – General.

(B) The following are exempt from permit regulations:

1. Nonpoint source discharges;
2. Service connections to wastewater collection systems;
3. Internal plumbing, piping, water diversion, or retention structures that are an integral part of an industrial process, plant or operation, except to the point wastewater is conveyed to receiving water;
4. Routine maintenance or repairs of any existing collection system, wastewater treatment facility, or other water contaminant or point source;
5. Onsite systems for single family residences;
6. The discharge of water from an environmental emergency cleanup site under the direction of, or the direct control of, the department or the Environmental Protection Agency (EPA), provided the discharge does not violate any condition of 10 CSR 20-7.031 Water Quality Standards;
7. Water used in constructing and maintaining a drinking water well and distribution system for public and private use, geologic test holes, exploration drill holes, groundwater monitoring wells, and heat pump wells;
8. Projects for beneficial use, that do not exceed a period of one

year, may be exempted by written project approval from the department. The department may extend the permit exemption for up to one additional year.

9. The application of pesticides in order to control pests (e.g., any insect, rodent, nematode, fungus, weed, etc.) in a manner that is consistent with the requirements of the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA) and the Missouri Pesticide Use Act unless such application is made directly into or onto waters of the state, in which case the applicator shall obtain a permit;

10. Hydrostatic *[T]testing*. Persons discharging water used for the hydrostatic testing of new pipelines and storage tanks in the state of Missouri may discharge to waters of the state without first obtaining a permit if the discharge is *de minimis* (less than one thousand (<1,000 gallons) or meeting the requirements in section (14) of this rule;

11. Nondischarging *[earthen basins] facilities* for domestic wastewater flows of three thousand gallons per day (3,000 gpd) or less; and

12. Agrichemical rinsates and any spilled or recovered fertilizers and pesticides that are field applied at rates compatible with product labeling.

#### (2) Continuing Authorities.

(A) Each application for a construction permit or operating permit shall identify the person, as that term is defined in section 644.016(15), RSMo, that is the owner of, operator of, or area-wide management authority for a water contaminant source, point source, wastewater treatment facility, or sewer collection system. This person shall be designated as the continuing authority and shall sign the application. By doing so, the person designated as the continuing authority acknowledges responsibility for compliance with all permit conditions. **Industrial stormwater permits, industrial no-discharge permits, and construction stormwater permits are exempt from the higher level continuing authority requirements in this rule.**

(C) Applicants for permits other than industrial stormwater permits, industrial no-discharge permits, and construction stormwater permits proposing use of a lower preference continuing authority~~/,~~ when the higher level authority is available~~/,~~ must submit one (1) of the following for the department's review, provided it does not conflict with any area-wide management plan approved under section 208 of the Federal Clean Water Act or by the Missouri Clean Water Commission:

1. A waiver from the existing higher authority;
2. A written statement or a demonstration of non-response from the higher authority declining the offer to accept management of the additional wastewater;
3. A to-scale map showing that all parts of the legal boundary of the property to be connected are beyond two thousand feet (2000') from the collection system operated by a higher preference authority;
4. A proposed connection or adoption charge by the higher authority that would equal or exceed what is economically feasible for the applicant, which may be in the range of one hundred twenty percent (120 percent) of the applicant's cost for constructing or operating a wastewater treatment system;
5. A proposed service fee on the users of the system by the higher authority that is above what is affordable for existing home owners in that area;
6. Terms for connection or adoption by the higher authority that would require more than two (2) years to achieve full sewer service; or
7. A demonstration that the terms for connection or adoption by the higher authority are not viable or feasible to homeowners in the area.

(4) Facility Plans and Engineering Reports. Applicants seeking a construction permit shall submit a facility plan or engineering report

unless otherwise designated by the department.

(A) Submit the engineering report and/or facility plan prior to submittal of the *[C]construction [P]permit [A]application*, including the following, as applicable:

1. A signed *[F]facility [P]plan or [E]engineering [R]report*. All facility plans and engineering reports are to be signed and sealed by a Missouri registered professional engineer, and contain the information in accordance with 10 CSR 20-8~~/,~~;

2. Identify the alternative technical manuals and design criteria utilized that are different from the design standards provided in 10 CSR 20-8.110 through 10 CSR 20-8.220~~/,~~;

3. Submit *[one (1) hard copy and]* an electronic version (in *[P]portable [D]document [F]format* (PDF) searchable format or department approved equivalent) for review. **To aid in review efficiency, the applicant may also submit paper copies of the documents, particularly those in large format. The department may request paper copies in addition to the electronic version;**

4. For *[E]engineering [R]reports*~~/,~~.

A. Submit a plan of the existing and proposed sewers for projects involving new sewer systems and substantial additions to existing systems.

B. Submit a plan for projects involving construction or revision of pumping stations.

C. Provide the design basis and operating life~~/,~~; and

5. For *[F]facility [P]plans*~~/,~~.

A. Submit an approved *[W]water [Q]quality [R]review* and *[A]antidegradation* evaluation or determination for all new and expanding facilities, in accordance with 10 CSR 20-7.031(3). For non-funded projects, information submitted as part of the *[A]anti-degradation [R]report* does not have to be resubmitted with the facility plan.

B. Evaluate the feasibility of constructing and operating a facility with no discharge to waters of the state if the report is for a new or modified wastewater treatment facility.

C. Evaluate the economics of the project including alternatives to constructing a discharging system, including an evaluation of alternatives of wastewater irrigation or subsurface dispersal and connection to a regional wastewater treatment facility.

D. A geohydrological evaluation conducted by the department's Missouri Geological Survey, for all proposed new construction, new or major modification of earthen basins, new outfall locations, wastewater irrigation fields, and subsurface dispersal sites. Include any recommendations provided in the geohydrological evaluation.

#### (5) Construction Permits.

(B) The following activities are exempt from construction permitting when the activities meet the applicable standards in 10 CSR 20-2 through 10 CSR 20-9. Projects exempt from construction permitting may require professional engineering, as defined in section 327.181, RSMo:

1. Construction of a separate storm sewer;
2. Sewer extensions of one thousand feet (1,000') or less, including gravity sewers and/or force mains, with no more than one pump station;
3. Construction of *[less than three thousand gallons per day (3,000 gpd) non-discharging lagoon systems] nondischarging facilities for domestic wastewater flows of three thousand gallons per day (3,000 gpd) or less;*
4. Class II and smaller *[A]animal [F]feeding [O]operations* (AFO), as designated in 10 CSR 20-6.300;
5. Nondomestic discharges of process wastewater except discharges utilizing an earthen basin;
6. Stormwater best management practices, as defined in 10 CSR 20-6.200;
7. Industrial facilities connecting to a publicly owned wastewater treatment facility;
8. Treatment facilities evaluated and constructed under other



department programs;

9. Systems adding common metal salts for phosphorus removal prior to existing liquid-solids separation and tertiary filtration;

10. Adding pre-engineered dechlorination equipment;

11. Solids processing equipment;

12. Like-for-like replacement (e.g., replacing eight-inch (8") pipe with eight-inch (8") pipe at the same location and grade, but material type may be different);

13. Outfall relocation within the same receiving stream, close proximity to the existing outfall, and upon review by the department;

14. Projects which the department has determined a construction permit is not required through written determination; and

15. Minor projects that change equipment or operations, but do not affect the overall capacity of the treatment or treatment type, including, but not limited to:

A. Internal piping changes;

B. pH adjustment;

C. Addition of solids storage tanks;

D. Screening equipment;

E. Grit removal equipment;

F. Administrative buildings;

G. Fences and access roads;

H. Flow measuring devices;

I. Mixing equipment;

J. Addition and/or improvement of sampling equipment;

K. Replacement of aeration equipment; and

L. Polymer additives.

(G) An application for a construction permit shall be made on forms provided by the department and include the following items:

1. A *[C]*construction *[P]*permit *[A]*application *[F]*form signed—

A. For a corporation, by an individual having responsibility for the overall operation of the regulated facility or activity, such as the plant manager, or by a delegated individual having overall responsibility for environmental matters at the facility;

B. For a partnership or sole proprietorship, by a general partner or the proprietor respectively; or

C. For a municipal, state, federal, or other public facility, by either a principal executive officer or by a delegated individual having overall responsibility for environmental matters at the facility;

2. Appropriate permit fee according to 10 CSR 20-6.011;

3. An electronic copy of the construction permit application and the information listed below in *[P]*portable *[D]*document *[F]*format (PDF) searchable format or department approved equivalent, *along with one paper copy for projects not seeking department funding or two paper copies for projects seeking department funding under 10 CSR 20-4;. To aid in review efficiency, the applicant may also submit paper copies of the documents, particularly those in large format. The department may request paper copies in addition to the electronic version;*

4. An approved *[W]*water *[Q]*quality *[R]*review and antidegradation evaluation or determination for all new and expanding facilities, in accordance with 10 CSR 20-7.031(3);

5. A summary of design;

6. Detailed engineering plans and technical specifications signed, sealed, and dated by a Missouri registered professional engineer, which contain the information in accordance with 10 CSR 20-8, or other regulations as applicable;

7. A map showing the location of all outfalls, with scale, as well as a flowchart indicating each process which contributes to an outfall; and

8. Other information necessary to determine compliance with the Missouri Clean Water Law and these regulations as required by the department.

*AUTHORITY: sections 640.710 and 644.026, RSMo 2016. Original rule filed June 6, 1974, effective June 16, 1974. For intervening history, please consult the Code of State Regulations. Amended: Filed*

*June 30, 2022.*

*PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

*NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Natural Resources, Division of Environmental Quality, Water Protection Program, Attn: Steven Hamm, PO Box 176, Jefferson City, MO 65102. Comments may also be sent with name and address through e-mail to Steven Hamm@dnr.mo.gov, or online <https://apps5.mo.gov/proposed-rules/welcome.action#OPEN>. To be considered, comments must be received no later than September 8, 2022. The public hearing is scheduled to be held at 10 a.m. on September 1, 2022, at the Lewis and Clark State Office Building, LaCharrette/Nightingale Conference Rooms, 1101 Riverside Drive, Jefferson City, MO 65101. Virtual attendance is also available via Webex, meeting number (access code): 2454 853 6339; meeting password: DNR. Call-in number toll number (US/Canada): 1-650-479-3207. To join from a video system or application: Dial 24548536339@stateofmo.webex.com.*

**Title 10—DEPARTMENT OF NATURAL RESOURCES  
Division 20—Clean Water Commission  
Chapter 6—Permits**

**PROPOSED AMENDMENT**

**10 CSR 20-6.200 Storm Water Regulations.** The department is amending this rule by adding section (7) Qualifying Local Program and section (8) Silvicultural Activities.

*PURPOSE: This amendment adds language related to the qualifying local program process and silvicultural activities.*

**(7) Qualifying Local Programs.**

(A) Regulated municipal separate storm sewer systems (MS4s) may request department approval to implement a qualifying local program. A qualifying local program is formal recognition that a regulated MS4 has a department-approved local sediment and erosion control program that meets or exceeds the requirements listed in 10 CSR 20-6.200(7)(B) for construction and land disturbance activities occurring within the regulated MS4's jurisdiction. While a regulated MS4 has an approved qualifying local program, construction and land disturbance activities in its jurisdiction for which the regulated MS4 has issued a land disturbance or equivalent permit do not require a Missouri state operating permit for land disturbance.

(B) Qualifying local programs are for storm water discharges associated with land disturbance activities only, which includes clearing, grubbing, excavating, grading, and other activities that result in the destruction of the root zone and have potential to cause negative impacts to receiving waterbodies. Each approved qualifying local program shall include reviewing site plans, inspecting construction sites, and taking enforcement action against owners or operators of sites that are polluting the waters of the state within its jurisdiction.

1. Qualifying local programs are only applicable to regulated MS4s, as defined in paragraph (1)(D)24. of this rule, including large, medium, or small MS4s, as defined in paragraphs (1)(D)10., 15., and 29., respectively, of this rule.

2. At a minimum, a qualifying local program shall include:

A. Requirements for construction site operators to implement appropriate erosion and sediment control best management practices that meet or exceed applicable state requirements;

B. Requirements for construction site operators to control waste such as discarded building materials, concrete truck washout, chemicals, litter, and sanitary waste at the construction site that may cause negative impacts to water quality;

C. Requirements for construction site operators to develop and implement a storm water pollution prevention plan. A storm water pollution prevention plan includes site descriptions, descriptions of appropriate control measures to protect water quality, copies of approved state, tribal, or local requirements, maintenance procedures, inspection procedures, and identification of non-storm water discharges; and

D. Requirements to submit a site plan for review that incorporates considerations of potential water quality impacts.

3. Regulated MS4s seeking to become recognized as having a qualifying local program may apply by sending a letter to the department requesting formal recognition pursuant to this subsection.

4. The department will review each request to become recognized as having a qualifying local program submitted by a regulated MS4.

A. The department will review the regulated MS4's land disturbance program and compliance history to determine eligibility and to ensure that the program meets or exceeds state requirements established in the Missouri land disturbance permit and the MS4 permit.

B. If the department concurs that the regulated MS4 is eligible to have a qualifying local program and that its land disturbance program meets or exceeds applicable state requirements, then the department will incorporate the local requirements specific to that regulated MS4's qualifying local program. If covered by a site-specific permit, the department will modify its MS4 permit if necessary. If covered by a general two-step permit, the MS4 shall modify and notify the public of their storm water management plan for thirty (30) days to incorporate the local requirements specific to that regulated MS4's qualifying local program.

C. For site-specific MS4 permits, the regulated MS4 must submit a modified storm water management plan within thirty (30) days of the MS4 permit modification. For general two-step permits, the regulated MS4 must submit the modified storm water management plan after the public notice is complete.

D. After the department receives and approves the modified storm water management plan, the department will send official correspondence to the regulated MS4 indicating that the department has approved its qualifying local program.

5. A regulated MS4 may end its qualifying local program at its discretion upon written notice to the department. The qualifying local program shall remain effective for at least ninety (90) days after the date the written notice is sent to the department, ending on a date determined by the regulated MS4. This provides time for the regulated MS4 to notify all affected construction site permit holders of the need to obtain a Missouri state operating permit for land disturbance.

6. The department may revoke any qualifying local program designation if the regulated MS4 does not comply with this rule or the program requirements as established. The department's revocation may be appealed to the Missouri Clean Water Commission by the regulated MS4 or by any adversely affected party within thirty (30) days of the date of revocation. The appeal shall be filed with the Administrative Hearing Commission, 131 W High St., PO Box 1557, Jefferson City, MO 65101 and shall be a contested case and be conducted pursuant to section 644.066, RSMo. The filing of an appeal shall stay the department's revocation. If the revocation is not appealed, or upon the final disposition of an appeal in which the revocation is sustained,

the qualifying local program shall remain effective for ninety (90) days after the department's revocation or final disposition of the appeal, whichever occurs later. This provides time for the regulated MS4 to notify all affected construction site permit holders of the need to obtain a Missouri state operating permit for land disturbance.

#### (8) Silvicultural Activities.

(A) The department does not require storm water permitting for silviculture activities conducted in accordance with 33 U.S. Code 1342(l)(3), January 2014, as published by the U.S. Government Publishing Office available at <https://bookstore.gpo.gov/> or for mail orders print and fill out order form online and mail to U.S. Government Publishing Office, PO Box 979050, St. Louis, MO 63197-9000.

*AUTHORITY: sections 644.026 and 644.036, RSMo 2016. Original rule filed July 15, 1991, effective Oct. 1, 1992. For intervening history, please consult the Code of State Regulations. Amended: Filed June 30, 2022.*

*PUBLIC COST: The proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

*NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Natural Resources, Division of Environmental Quality, Water Protection Program, Attn: Sarah Wright, PO Box 176, Jefferson City, MO 65102. Comments may also be sent with name and address through email to [sarah.wright@dnr.mo.gov](mailto:sarah.wright@dnr.mo.gov), or online <https://apps5.mo.gov/proposed-rules/welcome.action#OPEN>. To be considered, comments must be received no later than September 8, 2022. The public hearing is scheduled to be held at 10 a.m. on September 1, 2022, at the Lewis and Clark State Office Building, LaCharrette/Nightingale Conference Rooms, 1101 Riverside Drive, Jefferson City, MO 65101. Virtual attendance is also available via Webex, meeting number (access code): 2454 853 6339; meeting password: DNR. Call-in number toll number (US/Canada): 1-650-479-3207. To join from a video system or application: Dial 24548536339@stateofmo.webex.com.*

## Title 10—DEPARTMENT OF NATURAL RESOURCES

### Division 140—Division of Energy

#### Chapter 8—Certification of Renewable Energy and Renewable Energy Standard Compliance Account

#### PROPOSED AMENDMENT

**10 CSR 140-8.010 Certification of Renewable Energy and Renewable Energy Standard Compliance Account.** The Missouri Department of Natural Resources is amending parts (2)(A)6.B.(II) and (III) and adding a new part (2)(A)6.B.(IV).

*PURPOSE: This amendment clarifies that black liquor is not an eligible renewable energy resource under Missouri's Renewable Energy Standard (section 393.1025, RSMo et seq.) unless used as an input for the thermal depolymerization or pyrolysis of waste material.*

#### (2) Eligible Renewable Energy Resources.

(A) *[Eligible Renewable Energy Resources.]* The electricity must be derived from one (1) of the following types of renewable energy resources or technologies, as defined in section 393.1025(5),

RSMo:

1. Wind;
2. Solar thermal sources or solar photovoltaic cells and panels;
3. Dedicated crops grown for energy production—herbaceous and woody crops that are harvested specifically for energy production in a sustainable manner;
4. Cellulosic agricultural residues—organic matter remaining after the harvesting and processing of agricultural crops. They include—

A. Field residues[, *which are*]—organic materials left on agricultural lands after the crops have been harvested, such as stalks, stubble, leaves, and seed pods; and

B. Process residues[, *which are*]—organic materials left after the crops have been processed into a usable resource, such as husks, seeds, and roots;

5. Plant residues—the residues of plants that would be converted into energy, that otherwise would be waste material;

6. Clean and untreated wood—non-hazardous wood 1) that has not been chemically treated with chemical preservatives such as creosote, pentachlorophenol, or chromated copper arsenate; and 2) that does not contain resins, glues, laminates, paints, preservatives, or other treatments that would combust or off-gas, or mixed with any other material that would burn, melt, or create other residue aside from wood ash.

A. Eligible clean and untreated wood may include, but is not necessarily limited to, the following sources:

(I) Forest-related resources, such as pre-commercial thinning waste, slash (tree tops, branches, bark, or other residue left on the ground after logging or other forestry operations), brush, shrubs, stumps, lumber ends, trimmings, yard waste, dead and downed forest products, and small diameter forest thinning (twelve inches (12") in diameter or less);

(II) Non-chemically treated wood and paper manufacturing waste, such as bark, trim slabs, scrap, shavings, sawdust, sander dust, and pulverized scraps;

(III) Vegetation waste, such as landscape waste or right-of-way trimmings;

(IV) Wood chips, pellets, or briquettes derived from non-toxic and unadulterated wood wastes or woody energy crops;

(V) Municipal solid waste, construction and demolition waste, urban wood waste, and other similar sources only if wood wastes are segregated from other solid wastes or inorganic wastes; and

(VI) Other miscellaneous waste, such as waste pellets, pallets, crates, dunnage, scrap wood, tree debris left after a natural catastrophe, and recycled paper fibers that are no longer suitable for recycled paper production.

B. Ineligible clean and untreated wood may include, but is not necessarily limited to, the following sources:

(I) Post-consumer wastepaper;

(II) Wood from old growth forests (one hundred fifty (150) years old or older); *and*

(III) Unsegregated solid waste; *and*

(IV) **Black liquor, unless used as an input consistent with paragraph (2)(A)10. of this rule;**

7. Methane from landfills, wastewater treatment, or agricultural operations. Agricultural operations are defined as 1) the growing or harvesting of aquatic plants or agricultural crops grown in soil; or 2) the raising of animals for the purpose of making a profit, providing a livelihood, or conducting agricultural research or instruction. Wastewater treatment is defined as physical, chemical, biological, and mechanical procedures applied to an industrial or municipal discharge or to any other sources of contaminated water to remove, reduce, or neutralize contaminants;

8. Hydropower, not including pumped storage, that does not require a new diversion or impoundment of water and that each generator has a nameplate rating of ten megawatts (10 MW) or less. If an improvement to an existing hydropower facility does not require a

new diversion or impoundment of water and incrementally increases the nameplate rating of each generator, up to ten megawatts (10 MW) per generator, the improvement qualifies as an eligible renewable energy resource;

9. Fuel cells using hydrogen produced by one (1) of the above-named renewable energy resources. RECs based on generating electricity in fuel cells from hydrogen derived from an eligible energy resource are eligible for compliance purposes only to the extent that the energy used to generate the hydrogen did not create RECs;

10. Products from thermal depolymerization or pyrolysis of waste material. Waste materials are specifically segregated materials from a waste stream for the purpose of producing energy or that are capable of producing energy. Pyrolysis is a thermochemical process through which organic matters are decomposed at elevated temperatures in an oxygen-deficient atmosphere into useful energy forms. Thermal depolymerization is the thermal decomposition (hydrous pyrolysis process) of organic compounds heated to high temperatures in the presence of water resulting in liquid oil; or

11. Other sources of energy, not including nuclear, that may become available after November 4, 2008, and are certified as eligible renewable energy resources as provided in section (3) of this rule.

*AUTHORITY: section 393.1030, RSMo Supp. [2011] 2021. This rule originally filed as 10 CSR 140-8.010 and 4 CSR 340-8.010. Original rule filed June 14, 2010, effective Jan. 30, 2011. Amended: Filed Feb. 29, 2012, effective Aug. 30, 2012. Moved to 4 CSR 340-8.010, effective Aug. 28, 2013. Moved to 10 CSR 140-8.010, effective Jan. 15, 2020. Amended: Filed June 22, 2022.*

*PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Department of Natural Resources' Division of Energy, Craig Redmon, Director, PO Box 176, Jefferson City, MO 65102, by fax at (573) 751-6860, or via email at [energy@dnr.mo.gov](mailto:energy@dnr.mo.gov). To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

### Title 13—DEPARTMENT OF SOCIAL SERVICES Division 70—MO HealthNet Division Chapter 15—Hospital Program

#### PROPOSED AMENDMENT

**13 CSR 70-15.190 Out-of-State Hospital Services Reimbursement Plan.** The division is amending sections (1) and (2), deleting sections (3)–(14), and adding new sections (3)–(6).

*PURPOSE: This amendment establishes the method of reimbursing out-of-state hospitals for inpatient or outpatient care provided to any participants of Missouri Medicaid, whether they are under age twenty-one (21) or age twenty-one (21) and over. The division is amending the methodology for both inpatient and outpatient reimbursement for out-of-state hospitals, and updating outdated language and terms.*

(1) Covered inpatient hospital services include those items and services allowed by the Medicaid State Plan including medically necessary care in a semi-private room. If prior authorized, Missouri Medicaid may reimburse for a private room if it is certified medically necessary by a physician to avoid jeopardizing the health of the

patient or to protect the health and safety of other patients. No payment will be made for any portion of the room charge when the [recipient] participant requests and is provided a private room when the private room is not medically necessary.

(2) Payment for authorized inpatient hospital services shall be made on a prospective per diem basis for services provided outside Missouri if the services are covered by the Missouri [Medical Assistance (Medicaid)] Program. To be reimbursed for furnishing services to Missouri Medicaid [recipients] participants, out-of-state [providers] hospitals must complete a Missouri [Medical Assistance] Medicaid Program Provider Participation Application and have the application approved by the Missouri Department of Social Services, [Division of Medical Services] Missouri Medicaid Audit and Compliance (MMAC).

[(3) *Determination of Payment. The payment for inpatient hospital services provided by an out-of-state provider shall be the lowest of:*

(A) *At the out-of-state hospital's election, the prospective inpatient payment may be based on information from the hospital's Medicare base year cost report and all financial documentation required by Missouri regulations for hospitals operating in Missouri with inflationary increases as granted by the Missouri General Assembly or the out-of-state hospital may be exempt from the cost report filing requirements if the hospital accepts the projected statewide average per diem rate for Missouri hospitals as calculated by the Department of Social Services, Division of Medical Services for the state fiscal year in which the service was provided. The effective date for any increase above the statewide average per diem rate for Missouri hospitals shall be the first day of the month following the Division of Medical Services determination of per diem rate based on information from the hospital's Medicare base year cost report and all financial documentation required by Missouri regulation for hospitals operating in Missouri;*

(B) *The amount of total charges billed by the hospital. The provider's billed charges must be their usual and customary charges for services; or*

(C) *The Medicare deductible or coinsurance, if applicable, up to the amount allowed by the Missouri Medicaid program.*

(4) *Per Diem Reimbursement Rate Computation. The per diem reimbursement rate computation is the same as calculated for Missouri hospitals at 13 CSR 70-15.010(3).*

(5) *If a provider fails to submit all financial documentation required by Missouri regulations (Medicare cost report, working trial balance, audited financial statements, Medicaid supplemental schedules, and Worksheet C2552-83 for ancillary costs and charges) for hospitals operating in Missouri within thirty (30) days of making the election to receive payment based on information from cost reports, the payment shall be based on the projected statewide average per diem rate in Missouri as developed by the Department of Social Services, Division of Medical Services for the state fiscal year.*

(6) *Out-of-state hospitals shall present claims to Missouri Medicaid within three hundred sixty-five (365) days from the date of service. In no case shall Missouri be liable for payment of a claim received beyond one (1) year from the date services were rendered. Inpatient and outpatient hospital services must be submitted on the UB-92 claim form.*

(7) *Out-of-state hospitals are subject to the Department Concurrent Hospital Review process (utilization review) for*

*all non-emergency services.*

(8) *The payment for authorized outpatient hospital services provided by an out-of-state hospital shall be the lowest of:*

(A) *At the out-of-state hospital's election, a prospective outpatient payment percentage calculated using the Medicaid over-all outpatient cost-to-charge ratio from the fourth, fifth, and sixth prior base year cost reports and all documentation required by Missouri regulation for hospitals operating in Missouri regressed to the current state fiscal year or the out-of-state hospital may be exempt from the cost report filing requirement if the hospital accepts the projected statewide average outpatient payment percentage as developed by the Department of Social Services, Division of Medical Services for the state fiscal year in which the service was provided. The effective date for any increase above the statewide average outpatient payment percentage shall be the first day of the month following the Division of Medical Services determination of the outpatient payment percentage based on information from the hospital's Medicare base year cost report and all financial documentation required by Missouri regulation for hospitals operating in Missouri; or*

(B) *The amount of total charges billed by the hospital.*

(9) *Outpatient Reimbursement Rate Computation. The outpatient reimbursement rate computation is the same as calculated for Missouri hospitals at 13 CSR 70-15.160.*

(10) *Disproportionate Share Providers. Out-of-state hospitals do not qualify for disproportionate share (DSH) payments, unless they have a low income utilization rate exceeding twenty-five percent (25%) for Missouri residents and the out-of-state hospital can demonstrate that the provision of services to Missouri residents has not been considered in establishing their DSH status in any other state.*

(11) *All Medicaid services are subject to program compliance reviews. Reviews can be performed before services are furnished, after services are furnished and before payment is made, or after payment is made.*

(12) *Regardless of changes of ownership, management, control, operation, leasehold interests by whatever form for any hospital previously certified for participation in the Medicaid program, the department will continue to make all the Title XIX payments directly to the entity with the hospital's current provider number and hold the entity with the current provider number responsible for all Medicaid liabilities.*

(13) *Participation in the Missouri Medicaid program shall be limited to hospitals who accept as payment in full for covered services rendered to Medicaid recipients the amount paid in accordance with Missouri statute and regulations.*

(14) *Definitions.*

(A) *The definitions from regulation 13 CSR 70-15.010 are incorporated as 13 CSR 70-15.190.*

(B) *Base year cost report—shall be either a 1995 Medicare cost report and Missouri's supplemental cost report schedules for those hospitals enrolled in the Missouri Medicaid program as of the effective date of this regulation or the most recent submitted cost report to Medicare and Missouri's supplemental cost report schedules for those hospitals that elect to enroll in Missouri Medicaid after the effective date of this regulation.*

(C) *Out-of-state—not within the physical boundaries of*

Missouri.

(D) Usual and customary charge—the amount which the individual provider charges the general public in the majority of cases for a specific procedure or service.]

(3) **Determination of Payment.** The payment for inpatient hospital services provided by an out-of-state hospital shall be the lowest of—

(A) For the out-of-state hospitals whose per diem was set on the hospital's audited Medicaid cost report prior to July 1, 2022, the hospital's per diem will be the rate in effect as of June 30, 2022. For all other out-of-state hospitals, the hospital's per diem will be fifty percent (50%) of the weighted statewide average per diem rate for Missouri hospitals as calculated by the MO HealthNet Division for the State Fiscal Year (SFY) in which the service was provided; or

(B) The amount of total charges billed by the hospital. The hospital's billed charges must be their usual and customary charges for services; or

(C) The Medicare deductible or coinsurance, if applicable, up to the amount allowed by the Missouri Medicaid program.

(4) The payment for authorized outpatient hospital services provided by an out-of-state hospital shall be the lower of—

(A) The outpatient reimbursement as described in 13 CSR 70-15.160; or

(B) The amount of total charges billed by the hospital.

(5) **Disproportionate Share Hospital (DSH) Payments.** Out-of-state hospitals do not qualify for DSH payments.

(6) **Definitions.**

(A) The definitions from regulation 13 CSR 70-15.010 are incorporated as 13 CSR 70-15.190.

(B) Out-of-state—not within the physical boundaries of Missouri.

(C) Usual and customary charge—the amount which the individual provider charges the general public in the majority of cases for a specific procedure or service.

*AUTHORITY: sections 208.201 and 660.017, RSMo [2000] 2016. Original rule filed April 15, 2004, effective Oct. 30, 2004. Emergency amendment filed June 16, 2022, effective July 1, 2022, expired Feb. 23, 2023. Amended: Filed June 16, 2022.*

*PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Legal Services Division-Rulemaking, PO Box 1527, Jefferson City, MO 65102-1527, or by email to Rules.Comment@dss.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 70—MO HealthNet Division  
Chapter 15—Hospital Program**

**PROPOSED AMENDMENT**

**13 CSR 70-15.220 Disproportionate Share Hospital (DSH) Payments.** The division is amending sections (1)–(8).

*PURPOSE: This proposed amendment removes outdated language and updates the methodology for calculating the disproportionate share hospital (DSH) payment to align with the federal statute.*

(1) General Reimbursement Principles.

(A) In order to receive federal financial participation (FFP), disproportionate share hospital (DSH) payments are made in compliance with federal statutes and regulations. Section 1923 of the Social Security Act (42 U.S. Code) describes the hospitals that must be paid DSH payments and those that the state may elect to pay DSH payments.

(B) Federally-/D/deemed DSH /H/hospitals. The state must pay disproportionate share payments to hospitals that meet the specific obstetric requirements set forth below in paragraph (1)(B)1. and have either a Medicaid //inpatient /U/utilization /R/rate (MIUR) at least one (1) standard deviation above the state mean or a /L/low-//income /U/utilization /R/rate (LIUR) greater than twenty-five percent (25%). The state shall not make DSH payments in excess of each hospital's estimated hospital-specific DSH limit.

1. /Obstetrics/ Obstetrics requirements and exemptions.

A. Hospitals must have two (2) obstetricians, with staff privileges, who agree to provide non-emergency obstetric services to Medicaid eligibles. Rural hospitals, as defined by the federal Executive Office of Management and Budget, may qualify any physician with staff privileges as an obstetrician.

B. Hospitals are exempt from the obstetric requirements if the facility did not offer non-emergency obstetric services as of December 22, 1987.

C. Hospitals are exempt if inpatients are predominantly under eighteen (18) years of age.

(F) The state must submit an annual independent audit of the state's DSH program to the Centers for Medicare [and] & Medicaid Services (CMS). FFP is not available for DSH payments that are found to exceed the hospital-specific eligible uncompensated care cost limit. All hospitals that receive DSH payments are subject to the independent federal DSH audit.

(2) Definitions.

(C) Estimated Medicaid net cost. [Estimated Medicaid net cost is the cost of providing inpatient (IP) and outpatient (OP) hospital services for all Medicaid eligible individuals including dual eligible and managed care participants less payments the hospital received for claims] Estimated Medicaid net cost is defined per the annual state DSH survey, as defined in subsection (2)(X), and related training documents and instructions provided to the hospitals by the division or its authorized contractor. The estimated Medicaid net cost is determined by using Medicare cost reporting methodologies described in this rule and is calculated using data reported on the state DSH survey. [Depending on the hospital's response to questions 14, 15, and 16 of the state DSH survey, versions 1, 2, and 3, the source of the Medicaid out-of-state net cost, Medicaid organ acquisition net cost, and Medicaid/Medicare crossover net cost will either be—the hospital's estimated data, an amount estimated by MHD based on the most recent annual independent DSH audit trended to the SFY the DSH payments relate to, or was determined by the hospital to be insignificant or zero.]

[1. The estimated Medicaid net cost determined from the state DSH surveys prior to SFY 2017 is the sum of the following estimated data from the "Settlement Calculation" tab:

- A. In-state Medicaid inpatient net cost;
- B. In-state Medicaid outpatient net cost;
- C. Out-of-state Medicaid inpatient net cost;
- D. Out-of-state Medicaid outpatient net cost;
- E. Medicaid organ acquisition net cost; and
- F. Medicaid/Medicare crossover net cost.

2. *Beginning with SFY 2017 interim DSH payments,*

1. *[t]The estimated Medicaid net cost is determined from the state DSH survey [using the "Report Summary" tab], as defined in subsection (2)(X), and is calculated as follows:*

- A. Total *[C]cost of [C]care for Medicaid IP/OP [S]services;*
- B. Less *[R]regular IP/OP Medicaid FFS [R]rate [P]payments* (excluding any other Medicaid payments as defined in subsection *[(2)(S))/(2)(T)*);
- C. Less IP/OP Medicaid MCO *[P]payments;*
- D. Equals the *[E]estimated Medicaid [N]net [C]cost;* and
- E. The *[E]estimated Medicaid [N]net [C]cost* shall be trended as set forth in subsection *[(2)(Y))/(2)(Z)*.

(D) Estimated uninsured net cost. Estimated uninsured net cost is the cost of providing inpatient and outpatient hospital services to individuals without health insurance or other third-party coverage for the hospital services they receive during the year less uninsured payments received on a cash basis for the applicable Medicaid state plan year. The costs are to be calculated using Medicare cost report costing methodologies described in this rule and should not include costs for services that were denied for *[any reason] reasons other than the patient's benefits were exhausted at the time of admittance, or the patient's benefit package did not cover the inpatient or outpatient hospital service(s) received.*

*[1. The estimated uninsured net cost determined from the state DSH survey prior to SFY 2017 is calculated as the sum of the following:*

- A. *Uninsured inpatient net cost; and*
- B. *Uninsured outpatient net cost.*

2. *Beginning with SFY 2017 interim DSH payments,*

1. *[t]The estimated uninsured net cost is determined from the state DSH survey [using the "Report Summary" tab] and is calculated as follows:*

- A. Total IP/OP *[U]uninsured [C]cost of [C]care;*
  - B. Less *[T]total IP/OP [I]indigent [C]care/[S]self-[P]pay [R]revenues;*
  - C. Equals the *[E]estimated [U]uninsured [N]net [C]cost.*
- (E) Estimated uninsured uncompensated care cost (UCC).

*[1. The estimated uninsured uncompensated care cost from the state DSH survey prior to SFY 2017 is the estimated uninsured net cost less Section 1011 payments.*

2. *Beginning with SFY 2017 interim DSH payments,*

1. *[t]The estimated uninsured uncompensated care cost is determined from the state DSH survey [using the "Report Summary" tab] and is calculated as follows:*

- A. Estimated *[U]uninsured [N]net [C]cost*, as defined in subsection (2)(D);
- B. Less *[T]total [A]applicable [S]section 1011 [P]payments;*
- C. Equals the *[E]estimated [U]uninsured [U]uncompensated [C]care [C]cost;* and
- D. The *[E]estimated [U]uninsured [U]uncompensated [C]care [C]cost* shall be trended as set forth in subsection *[(2)(Y))/(2)(Z)*.

(G) Hospital DSH liability. The hospital DSH liability is the amount of DSH overpayments subject to recoupment **as determined from the final annual independent DSH audit.** It is the lesser of the total longfall or the DSH payments paid *[during] for* the SFY. *[The source for this calculation is as follows:]*

*[1. Actual hospital DSH liability. The actual hospital DSH liability is determined from the final annual independent DSH audit; and*

*2. Estimated hospital DSH liability. The estimated hospital DSH liability is calculated by the state using data from the state DSH survey, other Medicaid payments, and data provided in the most recent independent DSH audit, if applicable, which is used in determining the interim DSH payment adjustments for SFY 2011.]*

**(I) Incorporation by reference. This rule incorporates by reference the following:**

1. 42 CFR 447, which is incorporated by reference and made a part of this rule as published by the U.S. Government Publishing Office, and available at its website at <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-447?toc=1>, June 9, 2022. This rule does not incorporate any subsequent amendments or additions;

2. 42 CFR 455, which is incorporated by reference and made a part of this rule as published by the U.S. Government Publishing Office, and available at its website at <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-455?toc=1>, June 9, 2022. This rule does not incorporate any subsequent amendments or additions;

3. The state DSH survey template and instructions are incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, at its website at <https://dss.mo.gov/mhd/providers/fee-for-service-providers.htm>, June 16, 2022. This rule does not incorporate any subsequent amendments or additions; and

4. This alternate state DSH survey supplemental template and instructions are incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, at its website at <https://dss.mo.gov/mhd/providers/fee-for-service-providers.htm>, June 16, 2022. This rule does not incorporate any subsequent amendments or additions.

*[(I)](J) Individuals [W]without [H]health [I]insurance or [O]other [T]third-[P]party [C]coverage for the services received.*

1. Individuals who have no health insurance or other source of third party coverage for the specific inpatient or outpatient hospital services they received during the year *[can be]* are considered uninsured. As set forth in CMS' final rule published in the *Federal Register*, December 3, 2014, for 42 CFR 447.295, a service-specific approach must be used to determine whether an individual is uninsured. The service-specific coverage determination can occur only once per individual per service provided and applies to the entire service, including all elements as that service, or similar services, would be defined by MO HealthNet. Determination of an individual's third-party coverage status is not dependent on receipt of payment by the hospital from the third party.

2. The costs for inpatient and outpatient hospital services provided to individuals without health insurance or other third-party coverage *[can be] for the inpatient or outpatient hospital services they received during the year* are considered uninsured and included in calculating the hospital-specific DSH limit.

3. The following *[individuals] costs* shall be considered uninsured and included in calculating the hospital-specific DSH limit:

A. *[Individuals] Costs for services provided to individuals* whose benefit package does not cover the hospital service received. If the service is not included in an individual's health benefits coverage through a group health plan or health insurer, and there is no other legally liable third party, the *[individual is] hospital services* are considered uninsured*[/ or] costs; and*

B. *[Individuals] Costs for services provided to individuals* who have reached lifetime insurance limits for certain services or with exhausted insurance benefits at the time of service. When a lifetime or annual coverage limit is imposed by a third-party payer, specific services beyond the limit would not be within the individual's health benefit package from that third-party payer and would be considered uninsured*[/ or] costs, as long as the benefits were exhausted when the patient was admitted; and*

C. For American Indians/Alaska Natives, Indian Health Services (IHS) and tribal coverage is only considered third-party coverage when services are received directly from IHS or tribal health programs or when IHS or a tribal health program has authorized coverage through the contract health service program.

4. The costs associated with the following shall not be included

as uninsured costs:

A. Bad debts or unpaid coinsurance/deductibles for individuals with third-party coverage. Administrative denials of payment or requirements for satisfaction of deductible, copayment, or coinsurance liability do not affect the determination that a specific service is included in the health benefits coverage; and

**B. Unpaid balances due for claims denied by the third-party payer for billing discrepancies, which include, but are not limited to, denials due to lack of pre-authorization, denials due to timely filing, denials due to lack of medical necessity, etc.; and**

**[B./C. Prisoners.** Individuals who are inmates in a public institution or are otherwise involuntarily in secure custody as a result of criminal charges are considered to have a source of third-party coverage. However, an individual can be included as uninsured if a person has been released from secure custody and is referred to the hospital by law enforcement or corrections authorities and is admitted as a patient rather than an inmate to the hospital.

5. These definitions, and the resulting uninsured costs includable in calculating the hospital-specific DSH limit, are subject to change based on any *[changes that may be incorporated in the final publication of 42 CFR 447.295.]* **federal DSH audit regulation changes. The division reserves the right to determine whether changes in federal DSH audit regulation will be applied to the interim DSH payment calculations.**

**[(J)/(K) Institution for Mental Diseases (IMD) DSH allotment.** The IMD DSH allotment is a portion of the state-wide DSH allotment and is the maximum amount set by the federal government that may be paid to IMD hospitals. Any unused IMD DSH allotment not paid to IMD hospitals for any plan year may be paid to hospitals that are under their projected hospital-specific DSH limit.

**[(K)/(L) Inpatient and outpatient hospital services.** For purposes of determining the estimated hospital-specific DSH limit and the actual hospital-specific DSH limit, the inpatient and outpatient hospital services are limited to inpatient and outpatient hospital services included in the approved Missouri Medicaid State Plan.

**[(L)/(M) Lifetime or annual health insurance coverage limit.** An annual or lifetime limit, imposed by a third-party payer, that establishes a maximum dollar value, or maximum number of specific services on a lifetime or annual basis, for benefits received by an individual.

**[(M)/(N) Longfall.** The longfall is the total amount a hospital has been paid **for inpatient and outpatient hospital services** (including all DSH payments) in excess of their hospital-specific DSH limit. The source for this calculation is as follows:

1. Actual longfall. The actual longfall is based on the annual independent DSH audit; and

2. Estimated longfall. The estimated longfall is calculated by the state using data from the state DSH survey, other Medicaid payments, and data provided in the most recent independent DSH audit, if applicable.

**[(N)/(O) Low [(I)/income [(U)/utilization [(R)/rate (LIUR).** The LIUR shall be calculated as follows:

1. As determined from the *[fourth] third* prior year *[desk-reviewed] audited Medicaid* cost report, the LIUR shall be the sum (expressed as a percentage) of the fractions, calculated as follows:

A. Total MO HealthNet patient revenues (TMPR) paid to the hospital for patient services under a state plan plus the amount of the cash subsidies (CS) directly received from state and local governments, divided by the total net revenues (TNR) (charges, minus contractual allowances, discounts, and the like) for patient services plus the CS; and

B. The total amount of the hospital's charges for patient services attributable to charity care (CC) *[(care provided to individuals who have no source of payment, third-party, or personal resources)]* less CS directly received from state and local governments in the same period, divided by the total amount of the hospital's charges (THC) for patient services. The total patient charges attributed to CC shall not include any contractual allowances and dis-

counts other than for indigent patients not eligible for MO HealthNet under a state plan.

$$LIUR = \frac{TMPR + CS}{TNR + CS} + \frac{CC - CS}{THC}$$

$$LIUR = ((TMPR + CS) / (TNR + CS)) + ((CC - CS) / (THC))$$

**[(O)/(P) Medicaid [(I)/inpatient [(U)/utilization [(R)/rate (MIUR).** The MIUR shall be calculated as follows:

1. As determined from the *[fourth] third* prior year *[desk-reviewed] audited Medicaid* cost report, the MIUR will be expressed as the ratio of total Medicaid **eligible hospital** days (TMD) provided under a state plan divided by the provider's total number of inpatient **hospital** days (TNID); and

2. The state's mean MIUR will be expressed as the ratio of the sum of the total number of the Medicaid days for all Missouri hospitals divided by the sum of the total patient days for the same Missouri hospitals. Data for hospitals no longer participating in the program will be excluded.

$$MIUR = \frac{TMD}{TNID}$$

$$MIUR = TMD / TNID$$

**[(P)/(Q) Medicaid state plan year.** Medicaid state plan year coincides with the twelve- (12-) month period for which a state calculates DSH payments. For Missouri, the Medicaid state plan year coincides with its state fiscal year (SFY) and is July 1 through June 30.

**[(Q)/(R) Medicare cost reporting methodologies.** Medicaid and uninsured costs will be determined utilizing Medicare Cost Report (form CMS 2552) methodologies. *[The Medicare/Medicaid Cost Report version 2552-96 (CMS 2552-96) shall be used for fiscal years ending on or after September 30, 1996 and prior to May 1, 2010. The Medicare/Medicaid Cost Report version 2552-10 (CMS 2552-10) shall be used for fiscal years beginning on and after May 1, 2010. If the Medicare CMS 2552-10 is superseded by an alternate Medicare developed cost reporting tool during a Medicaid state plan year, that tool must be used for the Medicaid state plan year.]* The Medicaid Cost Report is completed using the Medicare Cost Report form CMS 2552, using the Medicare cost reporting methodologies. *[The only difference between the Medicare and Medicaid Cost Report is that the Federal Reimbursement Allowance (FRA) (i.e., the Missouri hospital provider tax) is not reflected in the cost in the Medicaid Cost Report.]* Based on these methodologies, the costs included in the DSH payment calculation will reflect the Medicaid and uninsured portion of total allowable **hospital** costs from the Medicare Cost Report or the Medicaid Cost Report, as applicable. Costs such as the Missouri Medicaid hospital provider tax FRA are recognized as allowable costs for Medicaid and DSH program purposes and apportioned to Medicaid, uninsured, Medicare, and other payers following the cost finding principles included in the cost/s report, applicable instructions, regulations, and governing statutes.

**[(R)/(S) New facility.** A new hospital determined in accordance with 13 CSR 70-15.010 without a base year cost report.

**[(S)/(T) Other Medicaid payments.** For purposes of determining estimated hospital-specific DSH limits, the other Medicaid payments include **any non-claim specific Medicaid payment made to a hospital for inpatient or outpatient hospital services including but not limited to:** Direct Medicaid *[Add-On]*, acuity adjustment payment, **poison control payment, stop loss payment, [(G)/graduate [(M)/medical [(E)/education (GME), [(Enhanced GME, C)/children's [(O)/outliers, (and any) cost settlements/.], and [(U)/upper payment limit (UPL) payments, [(Trauma Add-On payments and Trauma**



*Outlier payments,* if applicable, will be included *[in addition to the above other Medicaid payments for purposes of determining the hospital-specific DSH limit]* in the annual independent DSH audit. Any other payments made with state only funds are not required to be offset in determining the hospital-specific DSH limit.

*[(T)/(U)]* Out-of-state DSH payments. DSH payments received by a Missouri hospital from a state other than Missouri.

*[(U)/(V)]* Section 1011 payments. Section 1011 payments are made to a hospital for costs incurred for the provision of specific services to specific aliens to the extent that the provider was not otherwise reimbursed for such services. Because a portion of the Section 1011 payments are made for uncompensated care costs that are also eligible under the hospital-specific DSH limit, a defined portion of the Section 1011 payments must be recognized as an amount paid on behalf of those uninsured.

*[(V)/(W)]* Shortfall. The shortfall is the hospital-specific DSH limit in excess of the total amount a hospital has been paid **for inpatient and outpatient hospital services** (including all DSH payments). The source for this calculation is as follows:

1. Actual shortfall. The actual shortfall is based on the annual independent DSH audit; and

2. Estimated shortfall. The estimated shortfall is calculated by the state using data from the state DSH survey, **and** other Medicaid payments, *and data provided in the most recent independent DSH audit, if applicable*.

*[(W)/(X)]* State DSH survey. The state DSH survey was designed to reflect the standards of calculating uncompensated care cost established by the federal DSH rules in determining hospital-specific DSH limits. The DSH survey is also similar to, or the same as, the DSH survey that is utilized by the independent auditor during the annual independent DSH audit performed in accordance with the federally-mandated DSH audit rules. The blank state DSH survey is referred to as the state DSH survey template. *[The following state DSH survey templates and instructions are incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109. This rule does not incorporate any subsequent amendments or additions.]*

*[1. Version 1 (9/10), also referred to as the 2011 state DSH survey, was used to calculate the SFY 2011 DSH payment adjustments set forth in section (3) and the SFY 2012 interim DSH payments set forth in section (4).*

*2. Version 2 (9/11) or Version 3 (2/12). The hospital may elect to complete either Version 2 (9/11) or Version 3 (2/12) on which its SFY 2013 interim DSH payments will be calculated. The survey shall be referred to as the SFY to which payments will relate. For example, the survey used to determine interim DSH payments for SFY 2013 will be referred to as the 2013 state DSH survey.*

*3. Version 3 (2/12) will be used to calculate interim DSH payments beginning with SFY 2014 as set forth in section (4). The survey shall be referred to as the SFY to which payments will relate.]*

*[4.]1. [Version 4, designated as Myers and Stauffer LC, DSH Version 7.20, will be used to calculate interim DSH payments beginning with SFY 2017 as set forth in section (4).] Beginning with SFY 2017, [T]he state DSH survey shall be the most recent DSH survey collected during the independent DSH audit of the fourth prior SFY (i.e., the most recent survey collected by the independent DSH auditor for the SFY [2013/ 2019] independent DSH audit will also be used to calculate the interim DSH payment for SFY [2017/ 2023]. The survey shall be referred to as the SFY to which payments will relate.*

*[(X)/(Y)]* Taxable revenue. Taxable revenue is the hospital's total inpatient adjusted net revenues plus outpatient adjusted net revenues determined in accordance with 13 CSR 70-15.110, paragraph (1)(A)13.

*[(Y)/(Z)]* Trends. A trend of one and a half percent (1.5%) will be applied to the hospital's *[E]stimated Medicaid [N]et [C]ost* and the *[E]stimated [U]ninsured [U]ncompensated [C]are [C]ost* (UCC) from the year subsequent to the state DSH survey period to the current SFY (i.e., the SFY for which the interim DSH payment is being determined). The first year's trend shall be adjusted to bring the facility's cost to a common fiscal year end of June 30 and the full trends shall be applied for the remaining years. The trends shall be compounded each year to determine the total cumulative trend.

*[(Z)/(AA)]* Uncompensated care costs (UCC). *[The uncompensated care costs eligible for consideration in determining the hospital-specific DSH limit are calculated by reducing costs incurred in furnishing inpatient and outpatient hospital services to the Medicaid and uninsured populations by revenues received from Medicaid (not including DSH payments), Medicare, private pay, managed care, self-pay, other third parties, and Section 1011 payments. The costs are to be calculated using Medicare cost report costing methodologies described in this rule and should not include costs for services that were denied for any reason. For purposes of this calculation, the Medicaid and uninsured populations include:*

*1. The Medicaid population includes all Medicaid eligible individuals including dual eligible and managed care participants; and*

*2. The uninsured population includes individuals without health insurance or other third-party coverage as defined in this rule, consistent with 42 CFR 447.] The uncompensated care costs are those set forth in subsection (2)(H).*

*[(AA)/(BB)]* Uninsured revenues. Payments received on a cash basis that are required **per 42 CFR 455.301 through 42 CFR 455.304 and 42 CFR 447.299** to be offset against the uninsured cost to determine the uninsured net cost include any amounts received by the hospital, by or on behalf of, either self-pay or uninsured individuals during the SFY under audit.

*[(3) DSH Payment Adjustments.*

*(A) Beginning in Medicaid state plan year 2011, DSH payments made to hospitals will be revised based on the results of a 2011 state DSH survey. The revisions based on the 2011 state DSH survey will ensure state fiscal year (SFY) 2011 DSH payments are eligible for FFP through compliance with the federal DSH rules. These revisions are to serve as interim adjustments until the federally-mandated annual independent DSH audits are complete. Annual independent DSH audits are finalized three (3) years following the SFY year-end reflected in the audit. For example, the SFY 2011 DSH audit will be finalized in 2014. The interim adjustments shall be determined as follows:*

*1. 2011 estimated hospital-specific DSH limits were determined based upon the state's calculations using data provided in the 2011 state DSH survey, SFY 2011 other Medicaid payments maintained by MHD, and data provided in the final 2007 independent DSH audit, if applicable. DSH payments will be limited to the hospital's estimated hospital-specific DSH limit. The state's calculations will be based on 2011 state DSH surveys received by MO HealthNet as of May 31, 2011. However, a corrected survey may be accepted if it is supported by documentation and the state determines the correction is appropriate and has a material impact on the survey results. The state's calculations are set forth below—*

*A. The 2011 estimated hospital-specific DSH limit is calculated as follows:*

*(I) 2011 estimated Medicaid net cost from the 2011 state DSH survey;*

*(II) Less actual SFY 2011 other Medicaid payments;*

*(III) Equals 2011 estimated Medicaid uncompensated care cost;*



(IV) Plus 2011 estimated uninsured uncompensated care cost from the 2011 state DSH survey;

(V) Equals 2011 estimated hospital-specific DSH limit;

B. The total 2011 estimated longfall/shortfall for each hospital is calculated as follows:

(I) 2011 estimated hospital-specific DSH limit;

(II) Less DSH payments paid by MHD during SFY 2011;

(III) Less out-of-state DSH payments received by the hospital during SFY 2011;

(IV) Equals total 2011 estimated longfall/shortfall;

C. The total 2011 estimated hospital DSH liability is an overpayment subject to recoupment which will be the SFY 2011 interim DSH payment adjustment for hospitals with an estimated longfall. The total 2011 estimated hospital DSH liability is the lesser of the—

(I) The 2011 estimated longfall; or

(II) DSH payments paid during SFY 2011;

D. Hospitals that merge their operations under one (1) Medicare and MO HealthNet provider number shall have their SFY 2011 DSH payments adjusted based on combining the results of the 2011 state DSH surveys prorated monthly for the time period the merger was effective. If a 2011 estimated DSH liability is identified, the surviving hospital assumes the responsibility for the overpayment. The calculation for combining and prorating the 2011 state DSH surveys is set forth below—

(I) The estimated hospital DSH liability prior to the merger shall be calculated as follows:

(a) The calculations set forth in subparagraphs (3)(A)1.A., (3)(A)1.B., and (3)(A)1.C. will be calculated based on each separate hospital's 2011 state DSH survey, prorated monthly for the time period prior to the merger;

(II) The estimated hospital DSH liability beginning with the month the merger is effective shall be calculated as follows:

(a) The 2011 state DSH surveys for each hospital shall be added together to yield a combined 2011 state DSH survey and prorated monthly for the time period the merger was effective. The calculations set forth in subparagraphs (3)(A)1.A., (3)(A)1.B., and (3)(A)1.C. will be calculated for the combined 2011 state DSH survey;

(III) The total estimated hospital DSH liability for the merged entity will be the sum of the amounts determined in part (3)(A)1.D.(I) for each hospital plus the combined amount determined in part (3)(A)1.D.(II); and

E. Facilities not providing a 2011 state DSH survey shall have their SFY 2011 DSH payments revised using the most recent hospital-specific information provided to the state by the independent DSH auditor trended to the applicable SFY using the trend factor published in Health Care Costs by DRI/McGraw-Hill and listed in 13 CSR 70-15.010. A facility that was not included in the most recent hospital-specific information provided to the state by the independent DSH auditor shall have their entire SFY 2011 DSH payment recouped.

2. DSH payments paid during SFY 2011 that exceed the 2011 estimated hospital-specific DSH limits will be recouped from the hospitals to reduce their payments to their 2011 estimated hospital-specific DSH limit.

3. The amount of SFY 2011 DSH payments to be recouped from a hospital by the MO HealthNet Division will be limited in each state fiscal year to two percent (2%) of the hospital's taxable revenue set forth as follows. For recoupments made during SFY 2012 the recoupment amount will be limited to two percent (2%) of the hospital's SFY 2011 taxable revenue. Any balance remaining to be

recouped during SFY 2013 will be limited to two percent (2%) of the hospital's SFY 2012 taxable revenue. Any balance remaining to be recouped will be incorporated in the final DSH adjustment, if applicable. The limitation on recoupment of DSH payments shall only apply to recoupments determined in accordance with section (3). No limitation on the recoupment of DSH payments shall apply if the hospital DSH liability is determined as a result of the final annual independent DSH audit set forth in section (6).

(B) Any payments that are recouped from hospitals as a result of the state's calculation in subsection (3)(A) will be redistributed to hospitals that are shown to have been paid less than their 2011 estimated hospital-specific DSH limits (i.e., estimated shortfall). These redistributions will occur proportionally based on each hospital's 2011 estimated shortfall to the total 2011 estimated shortfall, not to exceed each hospital's 2011 estimated hospital-specific DSH limit.

1. Redistribution payments to hospitals that have been paid less than their 2011 estimated hospital-specific DSH limit must occur after the recoupment of payments made to hospitals that have been paid in excess of their 2011 estimated hospital-specific DSH limits. The state may establish a hospital-specific recoupment plan. However, total industry redistribution payments may not exceed total industry recoupments collected to date.

2. If the Medicaid program's original DSH payments did not fully expend the federal DSH allotment for any plan year, the remaining DSH allotment may be paid to hospitals that are under their estimated hospital-specific DSH limit. These payments will occur proportionally based on each hospital's estimated shortfall to the total estimated shortfall, not to exceed each hospital's estimated hospital-specific DSH limit.]

[(4)](3) Interim DSH Payments.

[(A) Beginning with SFY 2012, interim DSH payments shall be calculated on an annual basis as set forth below.

1. SFY 2012 interim DSH payments will be based on the state's calculations using data provided in the 2011 state DSH survey after applying the trend factor published in Health Care Costs by DRI/McGraw-Hill for the current fiscal year, estimated SFY 2012 other Medicaid payments calculated by MHD in accordance with 13 CSR 70-15.010, and data provided in the final 2007 independent DSH audit, if applicable.]

[2.](A) Beginning with SFY 2013, interim DSH payments shall be calculated on an annual basis and will be based on the state's calculations using data provided in the state DSH survey for the applicable SFY, and estimated other Medicaid payments calculated by [MHD] the division in accordance with 13 CSR 70-15.010, 13 CSR 70-15.015, and 13 CSR 70-15.230 for the applicable SFY, and data provided in the most recent final independent DSH audit, if applicable].

(B) The interim DSH payments will be calculated as follows:

1. The estimated hospital-specific DSH limit is calculated as follows:

A. Estimated Medicaid net cost from the state DSH survey calculated in accordance with subsection (2)(C);

B. Less estimated other Medicaid payments calculated by [MHD] the division in accordance with 13 CSR 70-15.010, 13 CSR 70-15.015, and 13 CSR 70-15.230;

C. Equals estimated Medicaid uncompensated care cost;

D. Plus estimated uninsured uncompensated care cost from the state DSH survey calculated in accordance with subsection (2)(E);

E. Equals estimated hospital-specific DSH limit;

2. The estimated uncompensated care costs potentially eligible for MHD interim DSH payments excludes out-of-state DSH payments

and is calculated as follows:

- A. Estimated hospital-specific DSH limit;
- B. Less estimated out-of-state (OOS) DSH payments;
- C. Equals estimated uncompensated care cost (UCC) net of OOS DSH payments;

3. Hospitals determined to have a negative estimated UCC net of OOS DSH payments (payments exceed costs) will not receive interim DSH payments because their estimated payments for the SFY are expected to exceed their estimated hospital-specific DSH limit; and

4. Qualified DSH hospitals determined to have a positive estimated UCC net of OOS DSH payments (costs exceed payments) will receive interim DSH payments. The interim DSH payments are subject to the federal DSH allotment, the availability of state funds, and the estimated hospital-specific DSH limits less estimated OOS DSH payments. The interim DSH payments will be calculated as follows:

A. Interim DSH payments to qualified DSH hospitals determined to have a positive estimated UCC net of OOS DSH payments will be calculated as follows:

(I) Up to one-/ hundred percent (100%) of the available federal DSH allotment will be allocated to each hospital with a positive estimated UCC net of OOS DSH payments, and the allocation shall result in each hospital receiving the same percentage of their estimated UCC net of OOS DSH payments. The allocation percentage will be calculated at the beginning of the SFY by dividing the available federal DSH allotment to be distributed by the total hospital industry's positive estimated UCC net of OOS DSH payments; and

(II) The allocated amount will then be reduced by one percent (1%) for hospitals that do not contribute through a plan that is approved by the director of the Department of Health and Senior Services to support the state's poison control center and the Primary Care Resource Initiative for Missouri (PRIMO) and Patient Safety Initiative.

(C) Hospitals may elect not to receive an interim DSH payment for a SFY by completing a DSH [W/waiver] form. **This includes federally deemed hospitals that do not have uncompensated care costs to justify the receipt of an interim DSH payment.** Hospitals that elect not to receive an interim DSH payment for a SFY must notify the division, or its authorized agent, that it elects not to receive an interim DSH payment for the upcoming SFY. If a hospital does not receive an interim DSH payment for a SFY, it will not be included in the independent DSH audit related to that SFY and will not be eligible for final DSH audit payment adjustments related to that SFY unless it submits a request to the division to be included in the independent DSH audit. **If the request is approved by the division, the hospital must submit all necessary data elements to the independent DSH auditor in order to be included in the audit and eligible for final DSH payment adjustments.**

(D) Hospitals, **including federally deemed hospitals**, may elect to receive an upper payment limit payment as defined in 13 CSR 70-15.230 in lieu of DSH payments. Hospitals that elect to receive an upper payment limit payment rather than a DSH payment must submit a request to the MO HealthNet Division on an annual basis. If a hospital does not receive an interim DSH payment for a SFY, it will not be included in the independent DSH audit related to that SFY, and will not be eligible for final DSH audit payment adjustments related to that SFY unless it submits a request to the division to be included in the independent DSH audit. **If the request is approved by the division, the hospital must submit all necessary data elements to the independent DSH auditor in order to be included in the audit and eligible for final DSH payment adjustments.**

(E) Disproportionate share payments will coincide with the semi-monthly claim payment schedule.

(F) New facilities that do not have a Medicare/Medicaid cost report on which to base the state DSH survey will be paid the lesser of the estimated hospital-specific DSH limit less OOS DSH payments based on the estimated state DSH survey or the industry average estimated interim DSH payment. The industry average estimated interim

DSH payment is calculated as follows:

1. Hospitals receiving interim DSH payments, as determined from subsection [(4)(B)] (3)(B), shall be divided into quartiles based on total beds;

2. DSH payments shall be individually summed by quartile and then divided by the total beds in the quartile to yield an average interim DSH payment per bed; and

3. The number of beds for the new facility shall be multiplied by the average interim DSH payment per bed.

(G) Interim DSH [P/payments] for [H/hospital] [M/mergers].

1. Hospitals that merge prior to the beginning of the SFY. Hospitals that merge their operations under one (1) Medicare and MO HealthNet provider number shall have their interim DSH payment determined based on adding each hospital's state DSH survey to yield a combined state DSH survey and applying the same calculations in subsection [(4)(B)] (3)(B).

2. Hospitals that merge after the beginning of the SFY. The interim DSH payments that have been determined separately for the hospitals will be added together and paid to the surviving hospital effective with the approval date of the merger.

(H) *[If the Medicaid program's original interim DSH payments did not fully expend the federal DSH allotment for any plan year, the remaining DSH allotment may be paid to hospitals that are under their estimated hospital-specific DSH limit. These payments will occur proportionally based on each hospital's estimated shortfall to the total estimated shortfall, not to exceed each hospital's estimated hospital-specific DSH limit less OOS DSH payments.]* **Interim DSH payment adjustments.**

**1. To minimize hospital longfalls, interim DSH payments made to hospitals will be revised if changes to federally mandated DSH audit standards are enacted during a SFY, updated for Medicaid expansion until it is captured in the required state DSH survey, or any changes in Medicaid reimbursement until it is captured in the required state DSH survey. These revisions are to serve as interim adjustments until the federally mandated DSH audits are complete. DSH audits are finalized three (3) years following the SFY year-end reflected in the audit. For example, the SFY 2019 DSH audit will be finalized in calendar year (CY) 2022.**

[(5)](4) Department of Mental Health [Hospital] (DMH) Hospitals DSH Adjustments and Payments.

[(A) Effective June 1, 2011, interim DSH payments made to DMH hospitals will be revised based on the results of a DMH state DSH survey which uses federally-mandated DSH audit standards. These revisions are to serve as interim adjustments until the federally-mandated DSH audits are complete in 2014.]

[(B)](A) Beginning in SFY 2012, due to structural changes occurring at the DMH facilities, interim DSH payments will be based on the third prior base year cost report trended to the current SFY adjusted for the federal reimbursement allowance (FRA) assessment paid by DMH hospitals. The interim DSH payments calculated using the third prior base year cost report may be revised based on the results of a DMH state DSH survey. Additional adjustments may be done based on the results of the federally-/ mandated DSH audits as set forth below in subsection [(6)(A)] (5)(A).

[(C) If the Medicaid program's original DSH payments did not fully expend the federal Institute for Mental Disease (IMD) DSH allotment for any plan year, the remaining IMD DSH allotment may be paid to hospitals that are under their projected hospital-specific DSH limit.]

[(6)](5) Final DSH Adjustments.

(A) Final DSH adjustments will be made after actual cost data is available and the annual independent DSH audit is completed. Annual independent DSH audits are completed three (3) years following the

state fiscal year-end reflected in the audit. For example, final DSH adjustments for SFY [2011] 2022 DSH payments will be made following the completion of the annual independent DSH audit in [2014] 2025 (SFY [2015] 2026).

(B) Final DSH adjustments may result in a recoupment for some hospitals and additional DSH payments for other hospitals based on the results of the annual independent DSH audit as set forth below—

1. Hospital DSH liabilities are overpayments which will be recouped. If the annual independent DSH audit reflects that a facility has a hospital DSH liability, it is an overpayment to the hospital and is subject to recoupment. The hospital's DSH liability shown on the final independent DSH audit report, that is required to be submitted to CMS by December 31, will be due to the division by [March] October 31 of the following year;

2. Any overpayments that are recouped from hospitals as the result of the final DSH adjustment will be redistributed to hospitals that are shown to have a total shortfall. These redistributions will occur proportionally based on each hospital's total shortfall to the total shortfall, not to exceed each hospital-specific DSH limit less OOS DSH payments;

3. Redistribution payments to hospitals that have a total shortfall must occur after the recoupment of hospital DSH liabilities. However, total industry redistribution payments may not exceed total industry recoupments collected to date;

4. If the amount of DSH payments to be recouped as a result of the final DSH adjustment is more than can be redistributed, the entire amount **in excess of the amount able to be redistributed** will be recouped and the federal share will be returned to the federal government. The state share of the final DSH recoupments that has not been redistributed to hospitals with DSH shortfalls may be used to make a hospital upper payment limit payment and/or a state-only [Q]quality [I]mprovement payment to all non-DMH hospitals. The state-only [Q]quality [I]mprovement payment will be paid proportionally to non-DMH hospitals based on the number of hospital staffed beds to total staffed beds for the same state fiscal year the final DSH adjustment relates to. Staffed beds are reported on the Missouri Annual Licensing Survey which is mandated by the Department of Health and Senior Services in accordance with 19 CSR 10-33.030; *and*

5. If the Medicaid program's original interim DSH payments did not fully expend the federal DSH allotment for any plan year, the remaining DSH allotment may be paid to hospitals that are under their hospital-specific DSH limit as determined from the annual independent DSH audit. These payments will occur proportionally based on each hospital's shortfall to the total shortfall, not to exceed each hospital's hospital-specific DSH limit less OOS DSH payments./; **and**

**6. If the Medicaid program's original DSH payments did not fully expend the federal Institute for Mental Disease (IMD) DSH allotment for any plan year, the remaining IMD DSH allotment may be paid to IMD hospitals that are under their projected hospital-specific DSH limit. These payments will occur proportionally based on each hospital's estimated shortfall to the total estimated shortfall, not to exceed each hospital's estimated hospital-specific DSH limit less OOS DSH payments.**

[(7)](6) Record Retention.

(A) Records used to complete the state's DSH survey shall be kept until the final audit is completed. For example, the SFY [2011] 2022 state DSH survey will use [2009] 2018 cost data, which must be maintained until the [2014] 2022 DSH audits are completed in SFY [2015] 2026.

(B) Records provided by hospitals to the state's independent auditor shall also be maintained until the federal independent DSH audit is complete.

[(8)](7) State DSH Survey Reporting Requirements.

[(A) Prior to SFY 2017, each hospital participating in the

*MO HealthNet program shall submit a state DSH survey prescribed by the state MO HealthNet agency and must be submitted by December 31 of each year. However, a corrected survey may be accepted if it is supported by documentation and the state determines the correction is appropriate and has a material impact on the survey results. The state DSH survey for each interim DSH payment period shall be completed based on the third prior year Medicare cost report adjusted to reflect anticipated operations for the interim DSH payment period. The historical Medicare cost report data may be adjusted for inflationary trends, volume adjustments, changes in reimbursement methodology, and/or other business decisions (i.e., expanded or terminated services, etc.) For example, the state DSH survey that will be used to determine SFY 2013 interim DSH payments will be based on the state DSH survey completed using the 2010 Medicare cost report data adjusted by the hospital to 2013.*

*1. If a new facility does not have a third prior year Medicare cost report, the state DSH survey shall be completed using the second prior year Medicare cost report, if available, adjusted to reflect anticipated operations for the interim DSH payment period.*

*2. If a new facility does not have a second prior year Medicare cost report, the state DSH survey shall be completed using the prior year Medicare cost report, if available, adjusted to reflect anticipated operations for the interim DSH payment period.*

*3. If a new facility does not have a prior year Medicare cost report, the state DSH survey shall be completed using facility projections to reflect anticipated operations for the interim DSH payment period. Interim DSH payments determined from this state DSH survey are limited to the industry average estimated interim DSH payment as set forth in subsection (4)(F).]*

[(B)](A) Beginning in SFY 2016, each hospital must complete and submit the state DSH survey set forth in paragraph [(2)(W)4.] (2)(X)1. (i.e., required state DSH survey) to the independent DSH auditor, the MO HealthNet Division's authorized agent, in order to be considered for an interim DSH payment for the subsequent SFY (i.e., DSH surveys collected during SFY 2016 will be used to calculate SFY 2017 interim DSH payments). The independent DSH auditor will distribute the state DSH survey template to the hospitals to complete and will notify them of the due date, which shall be a minimum of thirty (30) days from the date it is distributed. However, the state DSH survey is due to the independent DSH auditor no later than March 1 preceding the beginning of each state fiscal year for which the interim DSH payment is being calculated (i.e., the state DSH survey used for SFY 2017 interim DSH payments will be due to the independent DSH auditor no later than March 1, 2016). Hospitals that do not submit the state DSH survey by March 1 will not be eligible to receive an interim DSH payment for that SFY. The division may grant an industry-wide extension on the March 1 deadline due to unanticipated circumstances that affect the industry as a whole. The independent DSH auditor may perform an initial review of the required state DSH survey submitted by the hospital and make preliminary adjustments for use in calculating the interim DSH payment. The independent DSH auditor shall provide the hospital with any preliminary adjustments that are made for review and comment prior to the data being provided to MHD for use in calculating the interim DSH payment for the SFY. Additional or revised audit adjustments may be made to the DSH survey for purposes of the independent DSH audit.

1. A new facility that does not have cost report data for the fourth prior year may complete the state DSH survey using actual, untrended cost and payment data from the most recent twelve- (12-) month cost report filed with the division.

2. A new facility that has not yet filed a twelve- (12-) month Medicaid cost report with the division may complete the state DSH

survey using facility projections to reflect anticipated operations for the interim DSH payment period. Trends shall not be applied to the data used to complete the state DSH survey. Interim DSH payments determined from this state DSH survey are limited to the industry average estimated interim DSH payment as set forth in subsection [(4)(F)] (3)(F).

3. Hospitals may elect not to receive an interim DSH payment for a SFY by completing a DSH [W/waiver form. Hospitals that elect not to receive an interim DSH payment for a SFY must notify the division, or its authorized agent, that it elects not to receive an interim DSH payment for the upcoming SFY. If a hospital does not receive an interim DSH payment for a SFY, it will not be included in the independent DSH audit related to that SFY, and will not be eligible for final DSH audit payment adjustments related to that SFY unless it submits a request to the division to be included in the independent DSH audit. **If the request is approved by the division, the hospital must submit all necessary data elements to the independent DSH auditor in order to be included in the audit and eligible for final DSH payment adjustments.**

4. If a hospital received an interim DSH payment and later determined that it did not have uncompensated care costs for Medicaid and the uninsured to support part or all the interim DSH payment that it received or is receiving, the hospital may request that the interim DSH payments be stopped or it may return the entire interim DSH payment it received.

5. Exceptions [P/process to [U/use [A/alternate [D/data for [(4)(F)] (3)(F)] (3)(F)] (3)(F).

A. A hospital may submit a request to the division to have its interim DSH payment based on alternate data as set forth below rather than the state DSH survey required to be submitted for the year (i.e., required state DSH survey) if it meets the criteria for any of the circumstances detailed below in subparagraph [(8)(B)5.D.] (7)(A)5.D. The request must include an explanation of the circumstance, the impact it has on the required state DSH survey period, and how it causes the data to be materially misstated or unrepresentative. The division shall review the facility's request and may, at its discretion and for good cause shown, use the alternate data in determining the interim DSH payment for the SFY. The division shall notify the facility of its decision regarding the request.

(I) Alternate state DSH survey. A state DSH survey completed using the actual, untrended cost and payment data from the most recent twelve- (12-) month cost report filed with the division. Any hospital requesting an exception must complete an alternate state DSH survey. If the most recent full-year cost report filed with the division does not reflect the impact of any material changes, a supplemental schedule, as defined below, may be completed and submitted in addition to the alternate state DSH survey. If the impact of any changes is reflected in the most recent full-year cost report filed with the division, the facility may only use the alternate state DSH survey.

(II) Alternate state DSH survey supplemental schedule. A supplemental schedule developed by the division to recognize material changes that have occurred at a hospital that are not yet reflected in the hospital's alternate state DSH survey. The supplemental schedule uses the data from the alternate state DSH survey as the basis and includes additional fields to reflect changes that occurred subsequent to the alternate state DSH survey period through the SFY for which the interim DSH payment is being calculated. The blank alternate state DSH survey supplemental schedule is referred to as the alternate state DSH survey supplemental template. *[This template and instructions are incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, at its website dss.mo.gov/mhd, February 1, 2017. This rule does not incorporate any subsequent amendments or additions.]*

B. The provider must submit both the required state DSH survey and the alternate data for review to determine if the facility meets the criteria set forth below in subparagraph [(8)(B)5.D.] (7)(A)5.D.

C. The interim DSH payment based on the applicable alternate data shall be calculated in the same manner as the interim DSH payment based on the required state DSH survey, except for the trends applied to the alternate data as noted below in parts [(8)(B)5.C.(I) and (II)] (7)(A)5.C.(I) and (II). The allocation percentage calculated at the beginning of the SFY year as set forth in part [(4)(B)4.A.(I)] (3)(B)4.A.(I) shall be applied to the estimated UCC net of OOS DSH payments based on the alternate data to determine the preliminary interim DSH payment.

(I) Alternate state DSH survey. The trends applied to the alternate state DSH survey shall be from the year subsequent to the alternate state DSH survey period to the current SFY for which the interim DSH payment is being determined.

(II) Alternate state DSH survey supplemental schedule. Trends shall not be applied to an alternate state DSH survey supplemental schedule since it incorporates changes from the full-year cost report period through the SFY for which the interim DSH payment is being calculated.

D. Following are the circumstances for which a provider may request that its interim DSH payment be based on alternate data rather than the required state DSH survey, including the criteria and other requirements:

(I) Twenty [P/percent (20.00%) DSH [O/outlier. A provider may request that the alternate state DSH survey be used prior to the interim DSH payment being determined for the SFY if the [U/untrended [T/total [E/estimated [N/net [C/cost [on the "Report Summary" tab, Column J,] from the alternate state DSH survey is at least twenty percent (20.00%) higher than the [T/trended [T/total [E/estimated [N/net [C/cost [on the "Report Summary" tab, Column L,] from the required state DSH survey (i.e., the increase is at least twenty percent (20.00%) rounded to two (2) decimal places).

(a) Both the required state DSH survey and the alternate state DSH survey must be submitted to the independent DSH auditor and the division, respectively, no later than March 1 preceding the beginning of each SFY for which interim DSH payments are being made;

(II) Extraordinary [C/circumstances. A provider may request that alternate data be used if the facility experienced an extraordinary circumstance during or after the required state DSH survey report period up to the SFY for which the interim DSH payment is being calculated that caused the required DSH survey report period to be materially misstated and unrepresentative. If circumstances found in items [(8)(B)5.D.(I)(a)I.-III.] (7)(A)5.D.(II)(a)I.-III. below are applicable, the facility may complete and submit the applicable alternate data.

(a) Extraordinary circumstances include unavoidable circumstances that are beyond the control of the facility and include the following:

I. Act of [nature] God (i.e., tornado, hurricane, flooding, earthquake, light[e/ning, natural wildfire, etc.);

II. War;

III. Civil disturbance; or

IV. If the data to complete the required state DSH survey set forth in paragraph [(2)(W)4.] (2)(X)1. is not available due to a change in ownership because the prior owner is out of business and is uncooperative and unwilling to provide the necessary data.

(b) A change in hospital operations or services (i.e., terminating or adding a service or a hospital wing; or, a change of owner, except as noted in item [(8)(B)5.D.(I)(a)IV,] (7)(A)5.D.(II)(a)IV., manager, control, operation, leaseholder or leasehold interest, or Medicare provider number by whatever form for any hospital previously certified at any time for participation in the MO HealthNet program, etc.) does not constitute an extraordinary circumstance.

(c) Both the required state DSH survey and the alternate data must be submitted to the independent DSH auditor and the division, respectively, no later than March 1 if the alternate data is to be

used to determine the interim DSH payment at the beginning of the SFY.

(d) A hospital may submit a request to use alternate data due to extraordinary circumstances after March 1, but the alternate data and the resulting interim DSH payment will be subject to the same requirements as the *interim DSH payment adjustments* noted below in subparts *(8)(B)5.D.(III)(b)-(d).* **(7)(A)5.D.(III)(b)-(d).** The requests relating to extraordinary circumstances received after the March 1 deadline will be included with the *interim DSH payment adjustments* requests in part *(8)(B)5.D.(III)* **(7)(A)5.D.(III)** in distributing the unobligated DSH allotment and available state funds remaining for the SFY; or

(III) *Interim DSH payment adjustments.*

(a) After the interim DSH payment has been calculated for the current SFY based on the required state DSH survey, a provider may request that alternate data be used if the *untrended total estimated net cost on the "Report Summary" tab, Column J,* from the alternate data is at least twenty percent (20.00%) higher than the *trended total estimated net cost on the "Report Summary" tab, Column L,* from the required state DSH survey (i.e., the increase is at least twenty percent (20.00%) rounded to two (2) decimal places).

(b) The division will process interim DSH payment adjustments once a year. After all requests are received, the division will determine whether revisions to the interim DSH payments are appropriate. Any revisions to the interim DSH payments are subject to the unobligated DSH allotment remaining for the SFY and availability of state funds.

(c) The request, including the alternate data, must be submitted to the division by December 31 of the current SFY for which interim DSH payments are being made.

(d) To the extent that state funds are available, the DSH allotment for the SFY that has not otherwise been obligated will be distributed proportionally to the hospitals determined to meet the above criteria, based on the difference between the preliminary interim DSH payment based on the alternate data and the original interim DSH payment[;].

*[(IV) If a provider met the criteria to use alternate data for an Interim DSH Payment Adjustment (8)(B)5.D.(III)] in the prior SFY, it may continue to use alternate data for its interim DSH payment until the required state DSH survey reflects the impact of the change. The hospital must submit the request and the alternate data to the division for review and approval no later than March 1.]*

**AUTHORITY:** sections [208.152,] 208.153, 208.158, [and] 208.201, and 660.017, RSMo 2016, and section 208.152, RSMo Supp. 2021. Emergency rule filed May 20, 2011, effective June 1, 2011, expired Nov. 28, 2011. Original rule filed May 20, 2011, effective Jan. 30, 2012. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed June 16, 2022, effective July 1, 2022, expires Feb. 23, 2023. Amended: Filed June 16, 2022.

**PUBLIC COST:** This proposed amendment is estimated to cost state agencies approximately \$73.9 million (State share: \$25.4 million FRA and \$232 thousand IGT for DMH) for SFY 2023. This proposed amendment is estimated to cost political subdivisions approximately \$5.1 million for SFY 2023.

**PRIVATE COST:** This proposed amendment is estimated to increase payments to in-state private entities by approximately \$79 million for SFY 2023.

**NOTICE TO SUBMIT COMMENTS:** Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Legal Services Division-Rulemaking, PO Box 1527, Jefferson City, MO 65102-1527, or by email to

*Rules.Comment@dss.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

FISCAL NOTE  
PUBLIC COST

- I. **Department Title:** 13 Social Services  
**Division Title:** 70 MO HealthNet Division  
**Chapter Title:** 15 Hospital Program

<b>Rule Number and Name:</b>	13 CSR 70-15.220 Disproportionate Share Hospital (DSH) Payments
<b>Type of Rulemaking:</b>	Proposed Amendment

## II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
<b>Other Government (Public) &amp; State Hospitals enrolled in MO HealthNet - 38</b>	<b>Estimated cost for SFY 2023: \$5.1 million</b>
<b>Department of Social Services, MO HealthNet Division</b>	<b>Estimated cost for SFY 2023: Total \$73.9 million; State Share \$25.4 million (FRA) State Share \$232 thousand (IGT)</b>

## III. WORKSHEET

<b>Other Government (Public) &amp; State Hospitals Cost:</b>			
<b>Estimated Cost for SFY 2023:</b>			
	FRA Fund	IGT Fund	Total
Estimated Cost to State Hospitals	\$0	\$682,803	\$682,803
Estimated Cost to Other Government (Public) Hospitals	\$4,390,596	\$0	\$4,390,596
Total Estimated Cost	\$4,390,596	\$682,803	\$5,073,399
State Share Percentage	34.0525%	34.0525%	34.0525%
Estimated State Share	\$1,495,108	\$232,511	\$1,727,619
<b>Department of Social Services, MO HealthNet Division Cost:</b>			
<b>Estimated Cost for SFY 2023:</b>			
	FRA Fund	IGT Fund	Total
Estimated Cost	\$74,580,571	\$682,803	\$73,897,768
State Share Percentage	34.0525%	34.0525%	34.0525%
Estimated State Share Cost	\$25,396,549	\$232,511	\$25,164,037

#### **IV. ASSUMPTIONS**

The following regulations are impacted by the change to the hospital reimbursement methodology and the impact of all the regulations should be netted to arrive at the total impact. The net impact is a cost to the state of \$7.6 million for SFY 2023.

13 CSR 70-15.010

13 CSR 70-15.015

13 CSR 70-15.220

13 CSR 70-15.230

The fiscal impact is estimated based on historical utilization and enrollment. Other variables such as the length of the Federal Public Health Emergency and Medicaid Expansion enrollment may indirectly affect the hospital utilization both positively and negatively. Due to the uncertainty of these variables, the state will continue to monitor the impacts to the Managed Care Organizations and hospitals.

**FISCAL NOTE  
PRIVATE COST**

- I. Department Title:** 13 Social Services  
**Division Title:** 70 MO HealthNet Division  
**Chapter Title:** 15 Hospital Program

<b>Rule Number and Title:</b>	13 CSR 70-15.220 Disproportionate Share Hospital (DSH) Payments
<b>Type of Rulemaking:</b>	Proposed Amendment

**II. SUMMARY OF FISCAL IMPACT**

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
In-State Hospitals – 100	Private Hospitals enrolled in MO HealthNet	Estimated impact for SFY 2023: \$79 million

**III. WORKSHEET**

<b><u>In-State Private Hospitals Impact:</u></b>			
<b><u>Estimated Impact for SFY 2023:</u></b>			
	FRA Fund	IGT Fund	Total
Estimated Impact to In-State Private Hospitals	\$78,971,167	\$0	\$78,971,167
State Share Percentage	34.0525%	34.0525%	34.0525%
Estimated State Share	\$26,891,657	\$0	\$26,891,657

**IV. ASSUMPTIONS**

The following regulations are impacted by the change to the hospital reimbursement methodology and the impact of all the regulations should be netted to arrive at the total impact. The net impact is a cost to the state of \$7.6 million for SFY 2023.

13 CSR 70-15.010  
 13 CSR 70-15.015  
 13 CSR 70-15.220  
 13 CSR 70-15.230

The fiscal impact is estimated based on historical utilization and enrollment. Other variables such as the length of the Federal Public Health Emergency and Medicaid Expansion enrollment may indirectly affect the hospital utilization both positively and negatively. Due to the uncertainty of these variables, the state will continue to monitor the impacts to the Managed Care Organizations and hospitals.



**Title 19—DEPARTMENT OF HEALTH AND  
SENIOR SERVICES  
Division 60—Missouri Health Facilities Review  
Committee  
Chapter 50—Certificate of Need Program**

**PROPOSED AMENDMENT**

**19 CSR 60-50.300 Definitions for the Certificate of Need Process.**  
The committee is amending sections (1)-(18), adding new sections (1) and (15), deleting sections (16) and (18), and renumbering as needed.

*PURPOSE: The committee is amending this rule to define the terms "Affiliate" and "Request to relicense," remove verbiage requiring replacement equipment to submit a full CON application and related organizations, add clarity for non-applicability 10/10% rule and service area requirements, and includes a CON form within the rule rather than incorporating it by reference.*

**(1) Affiliate means an organization that has interest of five percent (5%) or more control over or is controlled by, or has any direct financial interest in the organization applying for a project including, without limitation, an underwriter, guarantor, parent organization, management company, joint venturer, partner, or general partner.**

**[(1)](2)** Applicant means all owner(s) and operator(s) of any new institutional health service.

**[(2)](3)** By or on behalf of a health care facility includes any expenditures made by the facility itself as well as capital expenditures made by other persons that assist the facility in offering services to its patients/residents.

**[(3)](4)** Cost means—

(A) Price paid or to be paid by the applicant for a new institutional health service to acquire, purchase, or develop a health care facility or major medical equipment; or

(B) Fair market value of the health care facility or major medical equipment as determined by the current selling price at the date of the application as quoted by builders or architects for similar facilities, or normal suppliers of the requested equipment; or

(C) Fair market value of the existing land(s) and building(s) to be converted as determined by the current selling price at the date of the application or a current appraisal.

**[(4)](5)** Construction of a new hospital means the establishment of a newly-licensed facility at a specific location under the Hospital Licensing Law, section 197.020.2, RSMo, as the result of building, renovation, modernization, and/or conversion of any structure not licensed as a hospital.

**[(5)](6)** Expedited application means a shorter than full application and review period as defined in 19 CSR 60-50.420 and 19 CSR 60-50.430 for any long-term care expansion or replacement as defined in section 197.318.4-.6., RSMo, long-term care renovation and modernization, or the replacement of any major medical equipment as defined in section **[(11)] (12)** of this rule *[which holds a Certificate of Need (CON) previously granted by the Missouri Health Facilities Review Committee (committee). An applicant for the replacement of major medical equipment not previously approved by the committee shall apply for a full review]*.

**[(6)](7)** Full review means the complete analytical period for applications as described in 19 CSR 60-50.420 and 19 CSR 60-50.430 for the development of health care facilities and acquisition of major

medical equipment.

**[(7)](8)** Generally accepted accounting principles pertaining to capital expenditures include, but are not limited to—

(A) Expenditures related to acquisition or construction of capital assets;

(B) Capital assets are investments in property, plant and equipment used for the production of other goods and services approved by the committee; and

(C) Land is not considered a capital asset until actually converted for that purpose with commencement of aboveground construction approved by the committee.

**[(8)](9)** Health care facility means those described in section 197.366, RSMo.

**[(9)](10)** Health care facility expenditure includes the capital value of new construction or renovation costs, architectural/engineering fees, equipment not in the construction contract, land acquisition costs, consultants'/legal fees, interest during construction, predevelopment costs as defined in section 197.305(12), RSMo, in excess of one hundred fifty thousand dollars (\$150,000), any existing land and building converted to the applicant's medical use for the first time, and any other capitalizable costs incurred over a twelve- (12-)/-/ month period as listed on the "Proposed Project Budget" (Form MO 580-1863), **included herein**.

**[(10)](11)** Health maintenance organizations means entities as defined in section 354.400(10), RSMo, except for activities directly related to the provision of insurance only.

**[(11)](12)** Major medical equipment means any piece of equipment and collection of functionally related devices acquired to operate the equipment and additional related costs such as software, shielding, and installation, acquired over a twelve- (12-)/-/ month period with an aggregate cost of one (1) million dollars or more, when the equipment is intended to provide the following diagnostic or treatment services and related variations, including, but not limited to:

(A) Cardiac catheterization;

(B) Computed tomography;

(C) Gamma knife;

(D) Lithotripsy;

(E) Magnetic resonance imaging;

(F) Linear accelerator;

(G) Positron emission tomography/computed tomography; or

(H) Evolving technology.

**[(12)](13)** Non-applicability review means a Letter of Intent process to document that a CON is not needed for a proposal when the capital expenditure is less than the expenditure minimum in section 197.305(6), RSMo; the proposal is to increase the number of beds by ten (10) or ten percent (10%) of total bed capacity, whichever is less, over a two- (2-) year period **since any long-term care beds were last licensed**, the facility has had no *[patient] resident* care class I deficiencies within the last eighteen (18) months and has maintained at least an eighty-five percent (85%) average occupancy rate for the previous six (6) quarters as shown by CON's most recent Six-Quarter Occupancy of Intermediate Care and Skilled Nursing Facility (or Residential Care and Assisted Living Facility) Licensed Beds report published on the CON website, and the capital expenditure is less than the expenditure minimum in section 197.305(6), RSMo; an exemption or exception is found in accordance with section 197.312, RSMo; or the proposal meets the definition of a non-substantive project.

**[(13)](14)** Nonsubstantive project includes/,/ but is not limited to/,/ at least one (1) of the following situations:

(A) An expenditure which is required solely to meet federal or

state requirements or involves predevelopment costs or the development of a health maintenance organization;

(B) The construction or modification of nonpatient care services, including parking facilities, sprinkler systems, heating or air-conditioning equipment, fire doors, food service equipment, building maintenance, administrative equipment, telephone systems, energy conservation measures, land acquisition, medical office buildings, and other projects or functions of a similar nature; or

(C) Expenditures for construction, equipment, or both, due to an act of God or a normal consequence of maintenance, but not replacement, of health care facilities, beds, or equipment.

**(15) "Request to relicense," a health care facility licensed under Chapter 197 or Chapter 198 that ceases offering health services may seek verification to relicense the facility within twelve (12) months from the date of closure under the same general licensure conditions at the time the facility ceased offering health services. Beds must be relicensed in the same category of care at the time of closure and cannot exceed the licensed bed capacity at the time of closure.**

*[(14)](16)* Offer, when used in connection with health services, means that the applicant asserts having the capability and the means to provide and operate the specified health services.

*[(15)](17)* Predevelopment costs mean expenditures as defined in section 197.305(12), RSMo, including consulting, legal, architectural, engineering, financial, and other activities directly related to the proposed project, but excluding the application fee for submission of the application for the proposed project.

*[(16)]* *Related organization means an organization that is associated or affiliated with, has control over or is controlled by, or has any direct financial interest in, the organization applying for a project including, without limitation, an underwriter, guarantor, parent organization, joint venturer, partner, or general partner.*

*[(17)](18)* **For new hospitals or major medical equipment projects, [S]service area means a geographic region made up of an area such as a county or contiguous areas such as a set of contiguous counties or zip codes, appropriate to the proposed service, documented by the applicant and approved by the committee. For long-term care projects, the fifteen- (15-)[- ] mile radius calculation must be used.**

*[(18)]* *The following form cited in this rule is incorporated by reference and published by the Certificate of Need Program (CONP), February 1, 2013, and may be downloaded from <http://health.mo.gov/information/boards/certificateofneed/forms.php>, obtained by emailing a written request to [CONP@health.mo.gov](mailto:CONP@health.mo.gov), or acquired in person at the CONP Office, 3418 Knipp Drive, Suite F, Jefferson City, Missouri, 65102 (573) 751-6403. This rule does not include any later amendments or additions.*

*(A) Proposed Project Budget (Form MO 580-1863).]*



Certificate of Need Program

**PROPOSED PROJECT BUDGET**

**Description**

**Dollars**

**COSTS:\***

(Fill in every line, even if the amount is "\$0".)

- |  |   |
|--|---|
| 1. New Construction Costs ***                                      | _____   |
| 2. Renovation Costs ***  | _____   |
| <b>3. Subtotal Construction Costs</b> (#1 plus #2)                 | <u>                    \$0                    </u>    |
| 4. Architectural/Engineering Fees                                  | _____   |
| 5. Other Equipment (not in construction contract)                  | _____   |
| 6. Major Medical Equipment   | _____   |
| 7. Land Acquisition Costs ***                                      | _____   |
| 8. Consultants' Fees/Legal Fees ***                                | _____   |
| 9. Interest During Construction (net of interest earned) ***       | _____   |
| 10. Other Costs ***  | _____   |
| <b>11. Subtotal Non-Construction Costs</b> (sum of #4 through #10) | <u>                    \$0                    </u>    |
| <b>12. Total Project Development Costs</b> (#3 plus #11)           | <u>                    \$0 **                    </u> |

**FINANCING:**

- |   |   |
|---|---|
| 13. Unrestricted Funds                                      | _____   |
| 14. Bonds   | _____   |
| 15. Loans   | _____   |
| 16. Other Methods (specify)                                 | _____   |
| <b>17. Total Project Financing</b> (sum of #13 through #16) | <u>                    \$0 **                    </u> |

- |  |       |
|--|-------|
| 18. New Construction Total Square Footage        | _____ |
| 19. New Construction Costs Per Square Foot ***** | _____ |
| 20. Renovated Space Total Square Footage         | _____ |
| 21. Renovated Space Costs Per Square Foot *****  | _____ |

\* Attach additional page(s) detailing how each line item was determined, including all methods and assumptions used. Provide documentation of all major costs.

\*\* These amounts should be the same.

\*\*\* Capitalizable items to be recognized as capital expenditures after project completion.

\*\*\*\* Include as Other Costs the following: other costs of financing; the value of existing lands, buildings and equipment not previously used for health care services, such as a renovated house converted to residential care, determined by original cost, fair market value, or appraised value; or the fair market value of any leased equipment or building, or the cost of beds to be purchased.

\*\*\*\*\* Divide new construction costs by total new construction square footage.

\*\*\*\*\* Divide renovation costs by total renovation square footage.

**AUTHORITY:** section 197.320, RSMo 2016. Original rule filed June 2, 1994, effective Nov. 30, 1994. For intervening history, please consult the *Code of State Regulations*. Amended: Filed June 29, 2022.

**PUBLIC COST:** This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

**PRIVATE COST:** This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

**NOTICE TO SUBMIT COMMENTS:** Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Health Facilities Review Committee, 3418 Knipp Drive, Suite F, Jefferson City, MO 65109 or via email at [CONP@health.mo.gov](mailto:CONP@health.mo.gov). To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 19—DEPARTMENT OF HEALTH AND  
SENIOR SERVICES  
Division 60—Missouri Health Facilities Review  
Committee  
Chapter 50—Certificate of Need Program**

**PROPOSED AMENDMENT**

**19 CSR 60-50.400 Letter of Intent Process.** The committee is amending sections (3), (4), and (5), and paragraph (6)(E)2.; and removing section (8).

**PURPOSE:** The committee is amending this rule to restructure wording for LTC bed expansion and replacement application requirements, change the word patient to resident, and to include certain CON forms within the rule rather than incorporating them by reference.

(3) [A LTC bed expansion or replacement sought pursuant to sections 197.318.4 through 197.318.6, RSMo, requires a CON application if the capital expenditure for such bed expansion or replacement exceeds six hundred thousand dollars (\$600,000) but allows for shortened information requirements and review time frames.] **An LTC bed expansion in accordance with section 197.318.4(1)-(3) requires an expedited CON application regardless of the amount of capital expenditure. An LTC bed replacement in accordance with section 197.318.4-6 requires an expedited CON application if the capital expenditure for such bed replacement exceeds six hundred thousand dollars (\$600,000).**

(4) When an LOI for an LTC bed expansion is filed, the Certificate of Need Program (CONP) staff shall immediately review that facility's average licensed bed occupancy for the most recent six (6) consecutive calendar quarters, and request certification that the facility had no [patient] **resident** care Class I deficiencies within the last eighteen (18) months from the Division of Regulation and Licensure (DRL), Department of Health and Senior Services, through an LTC Facility Expansion Certification (Form MO 580-2351[, *incorporated by reference*]), **included herein**, to verify compliance with occupancy and deficiency requirements pursuant to section 197.318.4(1), RSMo. Occupancy data shall be taken from the CON's most recent Six-Quarter Occupancy of Intermediate Care and Skilled Nursing Facility (or Residential Care and Assisted Living Facility) Licensed Beds report published on the CON website.

(5) For an LTC bed expansion, the sellers and purchasers shall be defined as the owner(s) and operator(s) of the respective facilities,

which includes building, land, and license. On the Purchase Agreement (Form MO 580-2352), **included herein**, both the owner(s) and operator(s) of the purchasing and selling facilities shall sign.

(6) The CONP staff, as an agent of the Missouri Health Facilities Review Committee (committee), will review LOIs according to the following provisions:

(E) A Non-Applicability CON letter will be valid subject to the following conditions:

1. Any change in the project scope, including change in type of service, cost, operator, ownership, or site, could void the effectiveness of the letter and require a new review; and

2. Final project costs with third-party verification must be provided on a Periodic Progress Report (Form MO 580-1871), **included herein**; and

[(8) The following forms cited in this rule are incorporated by reference and published by the Certificate of Need Program (CONP), May 1, 2012, and may be downloaded from <http://health.mo.gov/information/boards/certificateofneed/forms.php>, obtained by emailing a written request to [CONP@health.mo.gov](mailto:CONP@health.mo.gov), or acquired in person at the CONP Office, 3418 Knipp Drive, Suite F, Jefferson City, Missouri 65102, (573) 751-6403. This rule does not include any later amendments or additions.

(A) LTC Facility Expansion Certification (Form MO 580-2351).

(B) Purchase Agreement (Form MO 580-2352).

(C) Periodic Progress Report (Form MO 580-1871).]



Certificate of Need Program

PERIODIC PROGRESS REPORT

**Instructions for Completion (see attached blank forms)**

- Purpose:** To gather uniform data regarding the progress and compliance of approved Certificate of Need (CON) projects in accordance with §197.300 to §197.366 RSMo; and to provide data to develop, implement and manage a database for project tracking, monitoring, notification and follow-up.
- Used by:** Missouri Health Facilities Review Committee, CON Program Staff, and Project Contact Person.
- General:** Periodic Progress Reports (PPRs) must provide all requested data and information in a complete, concise and legible manner. Each PPR must indicate if it is an Intermediate or Final Report. PPRs which are incomplete, illegible and/or contain mathematical discrepancies may be returned to the Contact Person for appropriate corrective action.
- Project ID:** Any changes in this information must be brought to the attention of the CON Program Staff immediately upon occurrence.
- Add'l. Info.:** *Additional information MUST be attached to **substantiate** answers to the individual questions. All final PPRs must include documentation which substantiates all claims and expenditures.*

**Individual Questions:**

1. **Have capital expenditures been incurred for the proposed construction and/or medical equipment?** A capital expenditure shall be deemed to have occurred if the applicant has at least one or more of the following:
  - **Construction expenditures** assignable to a capital asset in accordance with generally accepted accounting principles and which are not chargeable to pre-development or operating costs, which may be documented by a signed AIA construction contract with starting and ending dates; and above-ground construction;
  - **Purchase Orders (POs)** which are signed and which include the date of purchase, delivery, installation and operational date; or
  - **Acquisition** of medical equipment or property by lease, transfer, or purchase which has been authorized by the applicant and includes the date of the lease, the annual cost, cost and date of buy-out; purchase date, delivery installation and operational dates; and transfer date, current value, installation and operational date.

If the answer to this question is "Yes," then attach copies of the appropriate signed construction contract (include pictures of construction activity), purchase order, or lease agreement (with original signatures).

If capital expenditure or expenditure for medical equipment has not been incurred, provide a detailed explanation and include the steps being taken to correct the situation within the time constraints of §197.315.9 RSMo. Indicate the nature, costs and the date that a capital expenditure will be incurred.
2. **Are the expenditures for this reporting period/project-to-date included?**

List all project expenditures, by category, incurred during the reported period and project-to-date on the **Project Budget/Expenditures** form.
3. **Are the projected final costs within the limits approved?** *(Self-explanatory)*

Using current costs and expenditures, extrapolate final project costs to the project completion date. If total costs will exceed those approved by the Committee by more than 10%, specify and explain the area and category involved. Also, indicate the estimated filing date for your cost-overrun application.
4. **Are there any changes in the services or programs as approved in the application?**  
*(Explain any changes)*
5. **Has the project contact person changed?**

If "Yes," enclose a new CON Contact Person Correction Form.
6. **Percentage of Construction or installation complete.**  
*(If the expenditures and construction/installation are both 100% complete, provide a final report.)*



## Certificate of Need Program

**PERIODIC PROGRESS REPORT**

Type of Progress Report:

- ☐ Intermediate  
☐ Final

All applicants granted a Certificate of Need (CON) by the Missouri Health Facilities Review Committee are required to submit periodic progress reports until such time as the project is complete (§197.315 (8) RSMo). These reports **must** be filed with the CON Program staff after the end of **each six (6) month reporting period** following the issuance of a CON.

Name of Project	Report Period
Address	Project Number
	Date CON Issued
Project Description	Approved Cost

- ☐ Yes **1. Have capital expenditures been incurred for the proposed construction through aboveground construction, renovations or lease/purchase of the proposed equipment?**  
☐ No \_\_\_\_\_ Date aboveground construction or renovations commenced, or equipment purchased.  
 Provide documentation (i.e. photos, copy of AIA contract and/or purchase order).
- ☐ Yes **\*2. Are the expenditures for this reporting period/project to-date included?**  
☐ No \_\_\_\_\_% Percent of the total approved project amount that has been expended to date.
- ☐ Yes **3. Are the projected final costs within the limits approved?**  
☐ No *If "No" and costs are above 10% of approved amount, then submit a cost over-run application.*  
 \$\_\_\_\_\_ Estimated final project cost
- ☐ Yes **4. Are there any changes in the services or programs as approved in the application?**  
☐ No *If "Yes" explain in detail and provide replacement pages for the approved application.*
- ☐ Yes **5. Has the project contact person changed?**  
☐ No *If "Yes," enclose a new Contact Person Correction Form (MO 580-1870).*
- \*6. Construction or installation is \_\_\_\_\_% complete. (Not the same as expenditures to-date.)**

*\*If Items 2 and 6 are both 100% complete, signify this as the **Final Report** and submit documentation of final costs.*

Describe the status and progress of the project to-date. Clearly explain expenditures, delays, changes in project progress, or lack of progress. (Use additional pages as needed.)



Certificate of Need Program

**PERIODIC PROGRESS REPORT**

<b>Project Budget/Expenditures</b>	Report Period: _____ to _____		
Description	Application	This Period	Project to-date
1. General Construction Costs	0	0	0
2. Renovation Costs	0	0	0
<b>3. Subtotal Construction Costs</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
4. Architectural/Engineering Fees	0	0	0
5. Other Equipment (not in construction contract)	0	0	0
6. Major Medical Equipment	0	0	0
7. Land Acquisition Costs	0	0	0
8. Consultants' Fees/Legal Fees	0	0	0
9. Interest During Construction	0	0	0
10. Other Costs	0	0	0
<b>11. Subtotal Non-construction Costs</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>12. TOTAL Project Development Costs</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Square footage of New Construction	0	0	0
Square footage of Renovation	0	0	0
Total square footage for Project	0	0	0
Costs per square foot: New Construction	0	0	0
Costs per square foot: Renovation	0	0	0
Name of Contact Person		Title	
Telephone Number	Fax Number	E-mail Address	



## LTC Facility Expansion CERTIFICATION

by the Division of Regulation and Licensure (DRL)

### Part I: Facility Information

Name of Facility: \_\_\_\_\_

Address (no PO Box): \_\_\_\_\_

City, State, Zip, County: \_\_\_\_\_

Number and Type of Beds: \_\_\_\_\_ ☐ RCF/ALF (check RCF/ALF for residential care and assisted living facility or ICF/SNF for intermediate care and skilled nursing facility)  
☐ ICF/SNF

Owner(s): \_\_\_\_\_

Operator(s): \_\_\_\_\_

Project Number: \_\_\_\_\_

### Part II: Quarterly RCF/ALF/ICF/SNF Bed Occupancy Rate

**Occupancy statistics** for this facility for the most recent six consecutive calendar quarters prior to the LOI date shown above:

*(circle appropriate quarter, insert the Calendar Year (CY), and complete information below)*

Qtr 1 2 3 4 CY\_\_\_\_: \_\_\_\_%      Qtr 1 2 3 4 CY\_\_\_\_: \_\_\_\_%      Qtr 1 2 3 4 CY\_\_\_\_: \_\_\_\_%

Qtr 1 2 3 4 CY\_\_\_\_: \_\_\_\_%      Qtr 1 2 3 4 CY\_\_\_\_: \_\_\_\_%      Qtr 1 2 3 4 CY\_\_\_\_: \_\_\_\_%

Six-quarter average: \_\_\_\_%

☐ Yes ☐ No For expansion through the **purchase** of beds, based on the DRL Quarterly Survey Data, the 90% bed occupancy requirement has been met.

☐ Yes ☐ No For expansion through the **addition** of beds, based on the DRL's Quarterly Survey Data, the 92% bed occupancy requirement has been met for under 40 LTC beds, or 93% for 40 bed or more LTC beds (see above).

### Part III: Deficiencies

☐ Yes ☐ No For expansion through the **purchase or addition** of beds, based on the DRL's annual facility survey, the above-named facility has not had any final Class I patient care deficiencies during the past 18 months.

### Part IV: Certification of Information

Statement: The above information is an accurate representation of the findings by the DRL in accordance with appropriate CON rules.

Signature: \_\_\_\_\_

Title/Date: \_\_\_\_\_





Certificate of Need Program  
**PURCHASE AGREEMENT**

**Part 1: Purchasing Facility Information**

Name of Facility: \_\_\_\_\_  
Address (no PO Box): \_\_\_\_\_  
City, State, Zip, County: \_\_\_\_\_  
Number/Type of Licensed Beds: \_\_\_\_\_  
☐ RCF/ALF (Check RCF/ALF for residential care and assisted living facility or ICF/SNF for intermediate care and skilled nursing facility.)  
☐ ICF/SNF  
Owner(s): \_\_\_\_\_  
Operator(s): \_\_\_\_\_

**Part II: Selling Facility Information**

Name of Facility: \_\_\_\_\_  
Address (no PO Box): \_\_\_\_\_  
City, State, Zip, County: \_\_\_\_\_  
Number/Type Licensed Beds: \_\_\_\_\_  
☐ RCF/ALF (Check RCF/ALF for residential care and assisted living facility or ICF/SNF for intermediate care and skilled nursing facility.)  
☐ ICF/SNF  
Owner(s): \_\_\_\_\_  
Operator(s): \_\_\_\_\_

**Part III: Value of Consideration**

Monetary Value of Purchase: \$ \_\_\_\_\_ No./Type Beds: \_\_\_\_\_  
Terms of Purchase: \_\_\_\_\_  
*(Add more pages as necessary to describe the sale.)*

**Part IV: Certification of Information**

☐ Yes ☐ No The above Purchaser and Seller have agreed to these purchase terms.

**Purchaser Signature:** \_\_\_\_\_  
Title/Date: \_\_\_\_\_  
**Seller(s) Signature(s):**  
Owner(s): \_\_\_\_\_  
Operator(s): \_\_\_\_\_  
Title/Date: \_\_\_\_\_

*AUTHORITY:* section 197.320, RSMo 2016. Original rule filed June 2, 1994, effective Nov. 30, 1994. For intervening history, please consult the *Code of State Regulations*. Amended: Filed June 29, 2022.

*PUBLIC COST:* This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

*PRIVATE COST:* This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Health Facilities Review Committee, 3418 Knipp Drive, Suite F, Jefferson City, MO 65109 or via email at [CONP@health.mo.gov](mailto:CONP@health.mo.gov). To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

<http://health.mo.gov/information/boards/certificateofneed/forms.php>, obtained by emailing a written request to [CONP@health.mo.gov](mailto:CONP@health.mo.gov), or acquired in person at the CONP Office, 3418 Knipp Drive, Suite F, Jefferson City, Missouri, 65102 (573) 751-6403. This rule does not include any later amendments or additions.

(A) Letter of Intent (Form MO 580-1860).

(B) Proposed Expenditures (Form MO 580-2375).]

**Title 19—DEPARTMENT OF HEALTH AND  
SENIOR SERVICES  
Division 60—Missouri Health Facilities Review  
Committee  
Chapter 50—Certificate of Need Program**

**PROPOSED AMENDMENT**

**19 CSR 60-50.410 Letter of Intent Package.** The committee is amending section (1) and subsection (2)(A), deleting sections (4) and (7), and renumbering the remaining sections accordingly.

*PURPOSE:* The committee is amending this rule to remove verbiage related to a statute that is no longer effective and to include certain CON forms within the rule rather than incorporating them by reference.

(1) The Letter of Intent (LOI) (Form MO 580-1860), **included herein**, shall be completed as follows:

(2) If a non-applicability review is sought, the applicant shall submit the following additional information:

(A) Proposed Expenditures (Form MO 580-2375), **included herein**;

*[(4) If an exemption is sought pursuant to section 197.314(1) , RSMo, for a sixty- (60-) bed stand-alone facility designed and operated exclusively for the care of residents with Alzheimer's disease or dementia and located in a tax increment financing district established prior to 1990 within any county of the first classification with a charter form of government containing a city with a population of over three hundred fifty thousand (350,000) and which district also has within its boundaries a skilled nursing facility (SNF), applicants shall submit documentation that the health care facility would meet all of these provisions.]*

*[(5)](4)* If the LOI relates to new or additional long-term care beds, applicant shall submit documentation of the need for such beds and the average occupancy of all licensed beds in the appropriate category within the fifteen- (15-) mile radius of the project site.

*[(6)](5)* The LOI must have an original signature for the contact person, which can be an electronic signature.

*[(7) The following forms cited in this rule are incorporated by reference and published by the Certificate of Need Program (CONP), December 13, 2019 and may be downloaded from*



# LETTER OF INTENT

1. Project Information					
(Attach additional pages as necessary to identify multiple project sites.) Title of Proposed Project (Name of existing or proposed facility)			County		
Project Address (Street/City/State/Zip Code or Latitude and Longitude with City/State/Zip Code if no assigned address)					
2. Applicant Identification					
(Attach additional pages as necessary to list all owners and operators.)					
List All Owner(s): (List corporate entity.)		Address (Street/City/State/Zip Code)		Telephone Number	
List All Operator(s): (List entity to be licensed or certified.)		Address (Street/City/State/Zip Code)		Telephone Number	
3. Type of Review		4. Project Description			
(Information should be brief but sufficient to understand scope of project.)					
Full Review: New Hospital New/Add LTC Beds* New/Add LTCH Beds/Eqpt. New/ Additional Equipment		Include the number and type of long-term care beds to be added or replaced, square footage of new construction and/or renovation, services affected, and major medical equipment to be acquired or replaced. If replacing equipment previously approved, provide the CON project number of the existing equipment. If requesting a non-applicability letter, also complete the next page of this form.			
Expedited Review:					
6-mile RCF/ALF Replacement					
15-mile LTC Replacement					
30-mile LTC Replacement					
LTC Bed Expansion					
LTC Renov./Modernization					
Equipment Replacement previously approved		*If new or additional long-term care beds, provide the average occupancy of all licensed and available beds in the appropriate category within the fifteen-mile radius, check one of the following, and attach applicable documentation or explanation. <input type="checkbox"/> Bed need standard is met. (Attach documentation.) -OR- <input type="checkbox"/> Special exceptions apply. (Attach explanation.)			
Equipment Replacement not previously approved					
Non-Applicability Review:					
(See 7. Applicability next page)					
Key: LTC = Long-Term Care; LTCH = Long-Term Care Hospital; RCF/ALF = Residential Care Facility/Assisted Living Facility					
5. Estimated Project Cost: \$ _____					
6. Authorized Contact Person Identification					
(List only one person who would be the main contact person for the project)					
Name of Contact Person		Title			
Contact Person Address (Company/ Street/City/ State/ Zip Code)					
Telephone Number		Fax Number		E-mail Address	
Signature of Contact Person		Date of Signature			



## Certificate of Need Program

**LETTER OF INTENT****7. Applicability** *(Check the box below to indicate the rationale for the exemption or waiver being sought.)*

**A Proposed Expenditure form (MO 580-2375) is required even if the project cost is "\$0".**

- ☐ If proposed expenditures are **less than the minimums** in §197.305(6), attach supporting documentation to illustrate how each of those amounts were determined, such as schematic drawings, equipment quotes, and contractor estimates.
- ☐ §197.305(9)(e) for additional long term care beds in the same category (certified as RCF/ALF, ICF or SNF) in a RCF/ALF, nursing home, or acute care hospital costing less than \$600,000, and are 10 beds or 10% of that facility's existing capacity, whichever is less. The facility must have had no patient care class I deficiencies within the last 18 months and has maintained at least an 85% average occupancy rate for the previous 6 quarters.

If the proposal meets one of the **exemptions** or **exceptions** below, then check the appropriate box, and attach detailed documentation substantiating compliance with the statutory provisions as set out in Rule 19 CSR 60-50.410:

- ☐ §197.312 for an RCF/ALF previously owned and operated by the city of St. Louis; or
- ☐ If the proposal meets the definition of "**nonsubstantive projects**" in §197.305(10) and 19 CSR 60-50.300(13) for a **waiver** from review, complete both pages of this form as the first step in the process, and provide the rationale as to why the proposal should be deemed to be "nonsubstantive" in the space below.
- ☐ If the proposal meets the definition of "**purchase**" or "**replacement**" in §197.318(4) and 19 CSR 60-50.450(4) for an **exception** from review, complete both pages of this form, and provide the rationale in the space below, including attached schematics and other documentation as to why the proposal should be deemed to be "nonapplicable".

*Explain the rationale for the non-applicability letter request.*



Certificate of Need Program

**PROPOSED EXPENDITURES**

(Completed for non-applicability letter requests.)

**CAPITAL COSTS:**

**Dollars**

(Round cost up to the nearest dollar and fill every line even if the amount is "\$0".)

**Description**

- |  |                  |
|--|------------------|
| 1. New Construction Costs                                | _____            |
| 2. Renovation Costs                                      | _____            |
| 3. Architectural/Engineering Fees                        | _____            |
| 4. Equipment (not in construction contract)              | _____            |
| 5. Land Acquisition Costs                                | _____            |
| 6. Consultants' Fees/Legal Fees                          | _____            |
| 7. Interest During Construction (net of interest earned) | _____            |
| 8. Other Costs (describe what this includes)             | _____            |
| 9. <b>Total Capital Costs</b> (sum of #1 thru #8)        | _____ <b>\$0</b> |

**MEDICAL EQUIPMENT COSTS:**

**Dollars**

(Fill in every line even if the amount is "\$0".)

**Description**

- |  |                  |
|--|------------------|
| 10. Equipment (fixed and movable)                              | _____            |
| 11. Shielding (if not included in equipment bid quote)         | _____            |
| 12. Installation (if not included in equipment bid quote)      | _____            |
| 13. Software (if not included in equipment bid quote)          | _____            |
| 14. Other (describe what this includes)                        | _____            |
| 15. <b>Total Medical Equipment Costs</b> (sum of #10 thru #14) | _____ <b>\$0</b> |

MO 580-2375 (09/12)

Attach additional page(s) detailing how each line item was determined, including all methods and assumptions used. Provide documentation of all major costs.

Provide documentation in the form of construction bids, quotes, price list, appraisal, option to purchase, etc.

**AUTHORITY:** section 197.320, RSMo 2016. Emergency rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Original rule filed Aug. 29, 1997, effective March 30, 1998. For intervening history, please consult the **Code of State Regulations**. Amended: Filed June 29, 2022.

**PUBLIC COST:** This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

**PRIVATE COST:** This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

**NOTICE TO SUBMIT COMMENTS:** Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Health Facilities Review Committee, 3418 Knipp Drive, Suite F, Jefferson City, MO 65109 or via email at [CONP@health.mo.gov](mailto:CONP@health.mo.gov). To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

**Title 19—DEPARTMENT OF HEALTH AND  
SENIOR SERVICES  
Division 60—Missouri Health Facilities Review  
Committee  
Chapter 50—Certificate of Need Program**

**PROPOSED AMENDMENT**

**19 CSR 60-50.420 Review Process.** The committee is amending section (2) and subsections (1)(A) and (1)(B).

**PURPOSE:** The committee is amending this rule to add a time frame for CON application submissions and remove verbiage regarding expedited applications and location change from the LOI submission to the CON application filing.

(1) The Certificate of Need (CON) filing deadlines are as follows:

(A) For full applications, at least seventy-one (71) days **but not more than one hundred (100) days** prior to each Missouri Health Facilities Review Committee (committee) meeting;

(B) For expedited *[equipment replacement applications, and expedited long-term care (LTC) facility renovation or modernization]* applications, the tenth day of each month, or the next business day thereafter if that day is a holiday or weekend;

(2) A CON application filing that does not substantially conform with the LOI, including any change in owner(s), operator(s), or scope of services, *[or location,]* shall not be considered a CON application and shall be subject to the following provisions:

**AUTHORITY:** section 197.320, RSMo 2016. Emergency rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Original rule filed Aug. 29, 1997, effective March 30, 1998. For intervening history, please consult the **Code of State Regulations**. Amended: Filed June 29, 2022.

**PUBLIC COST:** This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

**PRIVATE COST:** This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

**NOTICE TO SUBMIT COMMENTS:** Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Health Facilities Review Committee, 3418 Knipp Drive,

Suite F, Jefferson City, MO 65109 or via email at [CONP@health.mo.gov](mailto:CONP@health.mo.gov). To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

**Title 19—DEPARTMENT OF HEALTH AND  
SENIOR SERVICES  
Division 60—Missouri Health Facilities Review  
Committee  
Chapter 50—Certificate of Need Program**

**PROPOSED AMENDMENT**

**19 CSR 60-50.430 Application Package.** The committee is amending section (6), paragraphs (2)(C)4. and (2)(B)1.-7., subsections (3)(A), (3)(B), (3)(C), and (4)(C), paragraphs (4)(C)1. and (4)(C)2., subparagraph (4)(C)2.D., adding new section (7) and subsection (4)(D), deleting section (8) and renumbering as needed.

**PURPOSE:** The committee is amending this rule to add equipment application requirements, require MO SOS business registration documentation, require long-term care project affiliate and Medicare and/or Medicaid certification information, update DHSS bureau name information, decrease population estimate percentages, update form reference and add public notice requirements.

(2) A written application package consisting of an electronic file in PDF format or a paper original shall be prepared and organized as follows:

(B) The application package shall be based on one (1) of the following CON Applicant's Completeness Checklists and Table of Contents appropriate to the proposed project type, as follows:

1. New Hospital Application (Form MO 580-2501), **included herein**. Use this for a new or replacement hospital project;

2. New or Additional Long-Term Care (LTC) Bed Application (Form MO 580-2502), **included herein**. Use this form for a Residential Care Facility project, Assisted Living Facility project, Intermediate Care Facility project, or Skilled Nursing Facility project or Long-Term Care Hospital project;

3. New or Additional Long-Term Care Hospital (LTCH) Bed Application (also use Form MO 580-2502), **included herein**;

4. New or Additional Equipment Application (Form MO 580-2503), **included herein**;

5. Expedited LTC Bed Replacement/ Expansion Application (Form MO 580-2504), **included herein**;

6. Expedited LTC Renovation/Modernization Application (Form MO 580-2505), **included herein**; or

7. Equipment Replacement Application (Form MO 580-2506), **included herein**.

(C) The application shall be divided into these sections:

1. Divider I. Application Summary;

2. Divider II. Proposal Description;

3. Divider III. Service-Specific Criteria and Standards; and

4. Divider IV. Financial Feasibility (only required for full applications **or expedited replacement equipment applications which do not currently hold a valid CON**).

(3) An Application Summary shall be composed of the completed forms in the following order:

(A) Applicant Identification and Certification (Form MO 580-1861), **included herein**. Additional specific information about board membership may be requested, if needed;/.

1. **Provide documentation from the Missouri Secretary of State that the proposed owner(s) and proposed operator(s) are registered to do business in Missouri.**

2. **For long-term care projects—**

A. **State if the license of the proposed operator or any**

affiliate of the proposed operator has been revoked within the previous five (5) years;

B. If the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous five (5) years, provide the name and address of the facility whose license was revoked;

C. State if the Medicare and/or Medicaid certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous five (5) years; and

D. If the Medicare and/or Medicaid certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous five (5) years, provide the name and address of the facility whose Medicare and/or Medicaid certification was revoked;

(B) A completed Representative Registration (Form MO 580-1869), included herein, for the contact person and any others as required by section 197.326.1, RSMo;

(C) A detailed Proposed Project Budget (Form MO 580-1863), included herein; and

(4) The Proposal Description shall include documents which:—

(C) Proposals for major medical equipment must define the geographic service area;

[(C)](D) Proposals for new hospitals[, or new or additional long-term care (LTC) beds[, or new major medical equipment]] must define the community to be served:—

1. Describe the service area(s) population using year 2025 populations and projections provided by the Bureau of *[Vital Statistics/Health Care Analysis and Data Dissemination (BHCADD)]*, which can be obtained by contacting:

Chief, Bureau of *[Vital Statistics Section of Epidemiology for Public Health Practice (SEPHP)]*  
*Division of Community and Public Health]*  
**Health Care Analysis and Data Dissemination (BHCADD)**  
Department of Health and Senior Services  
PO Box 570, Jefferson City, MO 65102  
Telephone: (573) 751-6272

There will be a charge for any of the information requested, and seven to fourteen (7–14) days should be allowed for a response from *[SEPHP] BHCADD*. Information requests should be made to *[SEPHP] BHCADD* such that the response is received at least two (2) weeks before it is needed for incorporation into the CON application;

2. Use the maps and population data received from *[SEPHP] BHCADD* with the CON Applicant's Population Determination Method to determine the estimated population for LTC projects, as follows:

A. Utilize all of the population for zip codes entirely within the fifteen- (15-) mile radius for LTC beds or geographic service area for hospitals and major medical equipment;

B. Reference a state highway map (or a map of greater detail) to verify population centers (see *[Bureau of Vital Statistics/ BHCADD]*) within each zip code overlapped by the fifteen- (15-) mile radius or geographic service area;

C. Categorize population centers as either “in” or “out” of the fifteen- (15-) mile radius or geographic service area and remove the population data from each affected zip code categorized as “out;”

D. Estimate, to the nearest *[ten] five percent [(10/5%)]*, the portion of the zip code area that is within the fifteen- (15-) mile radius or geographic service area by “eyeballing” the portion of the area in the radius (if less than five percent (5%), exclude the entire zip code);

E. Multiply the remaining zip code population (total population less the population centers) by the percentage determined in subparagraph (4) [(C)](D) 2.D. (Due to numerous complexities, popula-

tion centers will not be utilized to adjust overlapped zip code populations in Jackson, Clay, St. Louis, and St. Charles counties or St. Louis City; instead, the total population within the zip code will be considered uniform and multiplied by the percentage determined in subparagraph (4) [(C)](D) 2.D.);

F. Add back the population center(s) “inside” the radius or region for zip codes overlapped; and

G. The sum of the estimated zip codes, plus those entirely within the radius, will equal the total population within the fifteen- (15-) mile radius or geographic service area;

3. Provide other statistics, such as studies, patient origin, or discharge data, Hospital Industry Data Institute's information, or consultants' reports, to document the size and validity of any proposed user-defined “geographic service area”;

[(D)](E) Identify specific community problems or unmet needs which the proposed or expanded service is designed to remedy or meet;

[(E)](F) Provide historical utilization for each existing service affected by the proposal for each of the past three (3) full years;

[(F)](G) Provide utilization projections through at least three (3) full years beyond the completion of the project for all proposed and existing services directly affected by the project;

[(G)](H) If an alternative methodology is added, specify the method used to make need forecasts and describe in detail whether projected utilizations will vary from past trends; and

[(H)](I) Provide the current and proposed number of licensed beds by type for projects which would result in a change in the licensed bed complement of the LTC facility.

(6) Document that providers of similar health services in the proposed service area have been notified of the application by a public notice in the local newspaper of general circulation before it was filed with the CON Program *[by]* from the applicant. **The public notice shall include a contact person's name and phone number and/or email for the project.**

(7) **For proposed full or expedited CON applications, excluding equipment replacement applications, document that administrators or directors of all affected facilities in the proposed fifteen- (15-) mile radius or service area were addressed letters regarding the application.**

[(7)](8) In addition to using the Community Need Criteria and Standards as guidelines, the committee may also consider other factors to include, but not be limited to, the needs of residents based upon religious considerations, residents with HIV/AIDS, or mental health diagnoses, and special exceptions to the Community Need Criteria and Standards.

[(8)] *The following forms cited in this rule are incorporated by reference and published by the Certificate of Need Program (CONP), December 13, 2019, and may be downloaded from <http://health.mo.gov/information/boards/certificateofneed/forms.php>, obtained by emailing a request to [CONP@health.mo.gov](mailto:CONP@health.mo.gov), or acquired in person at the CONP Office, 3418 Knipp Drive, Suite F, Jefferson City, Missouri, 65102 (573) 751-6403. This rule does not include any later amendments or additions.*

(A) *New Hospital Application (Form MO 580-2501).*

(B) *New or Additional Long-Term Care (LTC) Bed Application (Form MO 580-2502).*

(C) *New or Additional Equipment Application (Form MO 580-2503).*

(D) *Expedited LTC Bed Replacement/Expansion Application (Form MO 580-2504).*

(E) *Expedited LTC Renovation/Modernization Application (Form MO 580-2505).*

*(F) Equipment Replacement Application (Form MO 580-2506).*

*(G) Applicant Identification and Certification (Form MO 580-1861).*

*(H) Representative Registration (Form MO 580-1869).*

*(I) Proposed Project Budget (Form MO 580-1863).]*





Certificate of Need Program

**APPLICANT IDENTIFICATION AND CERTIFICATION**

<i>The information provided must match the <b>Letter of Intent</b> for this project, without exception.</i>										
<b>1. Project Location</b> <i>(Attach additional pages as necessary to identify multiple project sites.)</i>										
Title of Proposed Project	Project Number									
Project Address <i>(Street/ City/ State/ Zip Code)</i>	County									
<b>2. Applicant Identification</b> <i>(Information must agree with previously submitted Letter of Intent.)</i>										
<b>List All Owner(s):</b> <i>(List corporate entity.)</i>										
Address <i>(Street/City/State/Zip Code)</i>	Telephone Number									
<b>List All Operator(s):</b> <i>(List entity to be licensed or certified.)</i>										
Address <i>(Street/City/State/Zip Code)</i>	Telephone Number									
<b>3. Ownership</b> <i>(Check applicable category.)</i>										
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Nonprofit Corporation</td> <td style="width: 25%;"><input type="checkbox"/> Individual</td> <td style="width: 25%;"><input type="checkbox"/> City</td> <td style="width: 25%;"><input type="checkbox"/> District</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> County</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>			<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> Individual	<input type="checkbox"/> City	<input type="checkbox"/> District	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> County	<input type="checkbox"/> Other _____
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> Individual	<input type="checkbox"/> City	<input type="checkbox"/> District							
<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> County	<input type="checkbox"/> Other _____							
<b>4. Certification</b>										
In submitting this project application, the applicant understands that: <ul style="list-style-type: none"> <li>(A) The review will be made as to the community need for the proposed beds or equipment in this application;</li> <li>(B) In determining community need, the Missouri Health Facilities Review Committee (Committee) will consider all similar beds or equipment within the service area;</li> <li>(C) The issuance of a Certificate of Need (CON) by the Committee depends on conformance with its Rules and CON statute;</li> <li>(D) A CON shall be subject to forfeiture for failure to incur an expenditure on any approved project six (6) months after the date of issuance, unless obligated or extended by the Committee for an additional six (6) months;</li> <li>(E) Notification will be provided to the CON Program staff if and when the project is abandoned; and</li> <li>(F) A CON, if issued, may not be transferred, relocated, or modified except with the consent of the Committee.</li> </ul> <p>We certify the information and date in this application as accurate to the best of our knowledge and belief by our representative's signature below:</p>										
<b>5. Authorized Contact Person</b> <i>(Attach a Contact Person Correction Form if different from the Letter of Intent.)</i>										
Name of Contact Person	Title									
Telephone Number	Fax Number	E-mail Address								
Signature of Contact Person	Date of Signature									



## Certificate of Need Program

**PROPOSED PROJECT BUDGET****Description****Dollars****COSTS:\***

(Fill in every line, even if the amount is "\$0".)

1. New Construction Costs ***	_____
2. Renovation Costs ***	_____
3. <b>Subtotal Construction Costs</b> (#1 plus #2)	<u>\$0</u>
4. Architectural/Engineering Fees	_____
5. Other Equipment (not in construction contract)	_____
6. Major Medical Equipment	_____
7. Land Acquisition Costs ***	_____
8. Consultants' Fees/Legal Fees ***	_____
9. Interest During Construction (net of interest earned) ***	_____
10. Other Costs ***	_____
11. <b>Subtotal Non-Construction Costs</b> (sum of #4 through #10)	<u>\$0</u>
12. <b>Total Project Development Costs</b> (#3 plus #11)	<u>\$0**</u>

**FINANCING:**

13. Unrestricted Funds	_____
14. Bonds	_____
15. Loans	_____
16. Other Methods (specify)	_____
17. <b>Total Project Financing</b> (sum of #13 through #16)	<u>\$0**</u>

18. New Construction Total Square Footage	_____
19. New Construction Costs Per Square Foot *****	_____
20. Renovated Space Total Square Footage	_____
21. Renovated Space Costs Per Square Foot *****	_____

\* Attach additional page(s) detailing how each line item was determined, including all methods and assumptions used. Provide documentation of all major costs.

\*\* These amounts should be the same.

\*\*\* Capitalizable items to be recognized as capital expenditures after project completion.

\*\*\*\* Include as Other Costs the following: other costs of financing; the value of existing lands, buildings and equipment not previously used for health care services, such as a renovated house converted to residential care, determined by original cost, fair market value, or appraised value; or the fair market value of any leased equipment or building, or the cost of beds to be purchased.

\*\*\*\*\* Divide new construction costs by total new construction square footage.

\*\*\*\*\* Divide renovation costs by total renovation square footage.



Certificate of Need Program

**REPRESENTATIVE REGISTRATION**

<i>(A registration form must be completed for <b>each</b> project presented.)</i>	
Project Name	Number
<i>(Please type or print legibly.)</i>	
Name of Representative	Title
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other)	Telephone Number
Address (Street/City/State/Zip Code)	
<b>Who's interests are being represented?</b> <i>(If more than one, submit a separate Representative Registration Form for each.)</i>	
Name of Individual/Agency/Corporation/Organization being Represented	Telephone Number
Address (Street/City/State/Zip Code)	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Check one. Do you:</p> <p><input type="checkbox"/> Support</p> <p><input type="checkbox"/> Oppose</p> <p><input type="checkbox"/> Neutral</p> <p>Other Information:</p> <p>_____</p> <p>_____</p> </div> <div style="width: 45%;"> <p>Relationship to Project:</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Legal Counsel</p> <p><input type="checkbox"/> Consultant</p> <p><input type="checkbox"/> Lobbyist</p> <p><input type="checkbox"/> Other (explain):</p> <p>_____</p> <p>_____</p> </div> </div> <p>I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: <i>Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in §105.478, RSMo.</i></p>	
Original Signature	Date



## Certificate of Need Program

**NEW HOSPITAL APPLICATION**

## Applicant's Completeness Checklist and Table of Contents

Project Name: \_\_\_\_\_ Project No: \_\_\_\_\_

Project Description: \_\_\_\_\_

Done	Page	N/A	Description
_____	_____	_____	_____

**Divider I. Application Summary:**

- |       |   |
|-------|---|
| _____ | 1. Applicant Identification and Certification (Form MO 580-1861)  |
| _____ | 2. Representative Registration (Form MO 580-1869)   |
| _____ | 3. Proposed Project budget (Form MO 580-1863) and detail sheet with documentation of costs.   |
| _____ | 4. Provide documentation from MO Secretary of State that the proposed owner(s) and operator(s) are registered to do business in MO. |

**Divider II. Proposal Description:**

- |       |  |
|-------|--|
| _____ | 1. Provide a complete detailed project description.  |
| _____ | 2. Provide the proposed number of licensed beds by medical specialty.  |
| _____ | 3. Provide a timeline of events for the project, from CON issuance through project competition.  |
| _____ | 4. Provide a legible city or county map showing the exact location of the proposed facility.   |
| _____ | 5. Provide a site plan for the proposed project.   |
| _____ | 6. Provide preliminary schematic drawings for the proposed project.  |
| _____ | 7. Provide evidence that architectural plans have been submitted to the Department of Health and Senior Services.  |
| _____ | 8. Provide the proposed square footage.  |
| _____ | 9. Document ownership of the project site, or provide an option to purchase.   |
| _____ | 10. Define the community to be served (service area: 2025 population, area, rationale).  |
| _____ | 11. Provide utilization projections through the first three (3) <b>FULL</b> years of operation of the new beds   |
| _____ | 12. Identify specific community problems or unmet needs the proposal would address.  |
| _____ | 13. Provide the methods and assumptions used to project utilization.   |
| _____ | 14. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.         |
| _____ | 15. Provide copies of any petitions, letters of support or opposition received.  |
| _____ | 16. Document that providers of similar health services in the proposed service area have been notified of the application by a public notice in the local newspaper. |
| _____ | 17. Document that providers of all affected facilities in the proposed 15-mile radius were addressed letters regarding the application.                              |

**Divider III. Service Specific Criteria and Standards:**

- |       |   |
|-------|---|
| _____ | 1. Document the methodology utilized to determine the need for the proposed hospital.   |
| _____ | 2. Provide the most recent three (3) <b>FULL</b> years of evidence that the average occupancy of the same type(s) of beds at each other hospital in the proposed service area exceeds eighty percent (80%). |
| _____ | 3. Discuss the impact the proposed hospital would have on utilization of other hospitals in the geographic service area.  |
| _____ | 4. Document the unmet need in the geographic service area for each type of bed being proposed according to the population-based need formula  |

**Divider IV. Financial Feasibility Review Criteria and Standards:**

- |       |   |
|-------|---|
| _____ | 1. Document that the proposed costs per square foot are reasonable when compared to the latest "RS Means Construction Cost data"  |
| _____ | 2. Document that sufficient financing is available by providing a letter from a financial institution or an auditor's statement indicating that sufficient funds are available.   |
| _____ | 3. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) for the latest three (3) years, and projected through three (3) <b>FULL</b> years beyond project completion. |
| _____ | 4. Document how patient charges are derived.  |
| _____ | 5. Document responsiveness to the needs of the medically indigent.  |



Certificate of Need Program

**NEW OR ADDITIONAL LONG TERM CARE BED APPLICATION** (Use for RCF/ALF, ICF/SNF and LTCH beds)

Applicant's Completeness Checklist and Table of Contents

Project Name: \_\_\_\_\_ Project No: \_\_\_\_\_

Project Description: \_\_\_\_\_

Done Page N/A Description

**Divider I. Application Summary:**

- \_\_\_\_\_ 1. Applicant Identification and Certification (Form MO 580-1861)
- \_\_\_\_\_ 2. Representative Registration (Form MO 580-1869)
- \_\_\_\_\_ 3. Proposed Project budget (Form MO 580-1863) and detail sheet with documentation of costs.
- \_\_\_\_\_ 4. Provide documentation from MO Secretary of State that the proposed owner(s) and operator(s) are registered to do business in MO.
- \_\_\_\_\_ 5. State if the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous five (5) years.
- \_\_\_\_\_ 6. If the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years, provide the name and address of the facility whose license was revoked.
- \_\_\_\_\_ 7. State if the Medicare and/or Medicaid certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years.
- \_\_\_\_\_ 8. If the Medicare and/or Medicaid certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years, provide the name and address of the facility whose Medicare and/or Medicaid certification was revoked.

**Divider II. Proposal Description:**

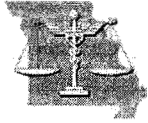
- \_\_\_\_\_ 1. Provide a complete detailed project description.
- \_\_\_\_\_ 2. Provide a timeline of events for the project, from CON issuance through project competition.
- \_\_\_\_\_ 3. Provide a legible city or county map showing the exact location of the proposed facility.
- \_\_\_\_\_ 4. Provide a site plan for the proposed project.
- \_\_\_\_\_ 5. Provide preliminary schematic drawings for the proposed project.
- \_\_\_\_\_ 6. Provide evidence that architectural plans have been submitted to the Department of Health and Senior Services.
- \_\_\_\_\_ 7. Provide the proposed square footage.
- \_\_\_\_\_ 8. Document ownership of the project site, or provide an option to purchase.
- \_\_\_\_\_ 9. Define the community to be served.
- \_\_\_\_\_ 10. Provide 2025 population projections for the 15-mile radius service area.
- \_\_\_\_\_ 11. Identify specific community problems or unmet needs the proposal would address.
- \_\_\_\_\_ 12. Provide historical utilization for each of the past three (3) years and utilization projections through the first three (3) **FULL** years of operation of the new LTC beds.
- \_\_\_\_\_ 13. Provide the methods and assumptions used to project utilization.
- \_\_\_\_\_ 14. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.
- \_\_\_\_\_ 15. Provide copies of any petitions, letters of support or opposition received.
- \_\_\_\_\_ 16. Document that providers of similar health services in the proposed service area have been notified of the application by a public notice in the local newspaper.
- \_\_\_\_\_ 17. Document that providers of all affected facilities in the proposed 15-mile radius were addressed letters regarding the application.

**Divider III. Service Specific Criteria and Standards:**

- \_\_\_\_\_ 1. For ICF/SNF beds, address the population-based bed need methodology of fifty-three (53) beds per one thousand (1,000) population age sixty-five (65) and older.
- \_\_\_\_\_ 2. For RCF/ALF beds, address the population-based bed need methodology of twenty-five (25) beds per one thousand (1,000) population age sixty-five (65) and older.
- \_\_\_\_\_ 3. For LTCH beds, address the population-based bed need methodology of one-tenth (0.1) bed per one thousand (1,000) population.
- \_\_\_\_\_ 4. Document any alternate need methodology used to determine the need for additional beds such as Alzheimer's, mental health or other specialty beds.
- \_\_\_\_\_ 5. For any proposed facility which is designed and operated exclusively for persons with acquired human immunodeficiency syndrome (AIDS) provide information to justify the need for the type of beds being proposed.
- \_\_\_\_\_ 6. If the project is to add beds to an existing facility, has the facility received a Notice of Noncompliance within the last 18 months as a result of a survey, inspection or complaint investigation? If the answer is yes, explain.

**Divider IV. Financial Feasibility Review Criteria and Standards:**

- \_\_\_\_\_ 1. Document that the proposed costs per square foot are reasonable when compared to the latest "RS Means Construction Cost data"
- \_\_\_\_\_ 2. Document that sufficient financing is available by providing a letter from a financial institution or an auditor's statement indicating that sufficient funds are available.
- \_\_\_\_\_ 3. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) for the latest three (3) years, and projected through three (3) **FULL** years beyond project completion.
- \_\_\_\_\_ 4. Document how patient charges are derived.
- \_\_\_\_\_ 5. Document responsiveness to the needs of the medically indigent.
- \_\_\_\_\_ 6. For a proposed new skilled nursing or intermediate care facility, what percentage of your admissions would be Medicaid eligible on the first day of admission or become Medicaid eligible within 90 days of admission?
- \_\_\_\_\_ 7. For an existing skilled nursing or intermediate care facility, what percentage of your admissions are Medicaid eligible on the first day of admission or becomes Medicaid eligible within 90 days of admission.



## Certificate of Need Program

**NEW OR ADDITIONAL EQUIPMENT APPLICATION**

## Applicant's Completeness Checklist and Table of Contents

Project Name: \_\_\_\_\_ Project No: \_\_\_\_\_

Project Description: \_\_\_\_\_

Done	Page	N/A	Description
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**Divider I. Application Summary:**

1. Applicant Identification and Certification (Form MO 580-1861)
2. Representative Registration (Form MO 580-1869)
3. Proposed Project Budget (Form MO 580-1863) and detail sheet with documentation of costs.

**Divider II. Proposal Description:**

1. Provide a complete detailed project description and include equipment bid quotes.
2. Provide a timeline of events for the project, from CON issuance through project competition.
3. Provide a legible city or county map showing the exact location of the project.
4. Define the community to be served and provide the geographic service area for the equipment.
5. Provide other statistics to document the size and validity of any user-defined geographic service area.
6. Identify specific community problems or unmet needs the proposal would address.
7. Provide the historical utilization for each of the past three years and utilization projections through the first three (3) **FULL** years of operation of the new equipment.
8. Provide the methods and assumptions used to project utilization.
9. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.
10. Provide copies of any petitions, letters of support or opposition received.
11. Document that providers of similar health services in the proposed service area have been notified of the application by a public notice in the local newspaper.
12. Document that providers of all affected facilities in the proposed service area were addressed letters regarding the application.

**Divider III. Service Specific Criteria and Standards:**

1. For new units, address the minimum annual utilization standard for the proposed geographic service area.
2. For any new unit where specific utilization standards are not listed, provide documentation to justify the new unit.
3. For additional units, document compliance with the optimal utilization standard, and if not achieved, provide documentation to justify the additional unit.
4. For evolving technology address the following:
  - Medical effects as described and documented in published scientific literature;
  - The degree to which the objectives of the technology have been met in practice;
  - Any side effects, contraindications or environmental exposures;
  - The relationships, if any, to existing preventive, diagnostic, therapeutic or management technologies and the effects on the existing technologies;
  - Food and Drug Administration approval;
  - The need methodology used by this proposal in order to assess efficacy and cost impact of the proposal;
  - The degree of partnership, if any, with other institutions for joint use and financing.

**Divider IV. Financial Feasibility Review Criteria and Standards:**

1. Document that sufficient financing is available by providing a letter from a financial institution or an auditor's statement indicating that sufficient funds are available.
2. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) projected through three (3) **FULL** years beyond project completion.
3. Document how patient charges are derived.
4. Document responsiveness to the needs of the medically indigent.



Certificate of Need Program

**EXPEDITED LTC BED REPLACEMENT/EXPANSION APPLICATION**

Applicant's Completeness Checklist and Table of Contents

Project Name: \_\_\_\_\_ Project No: \_\_\_\_\_

Project Description: \_\_\_\_\_

Done Page N/A Description

**Divider I. Application Summary:**

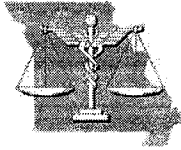
- \_\_\_\_\_ 1. Applicant Identification and Certification (Form MO 580-1861).
- \_\_\_\_\_ 2. Representative Registration (Form MO 580-1869).
- \_\_\_\_\_ 3. Proposed Project Budget (Form MO 580-1863) and detail sheet with documentation of costs.

**Divider II. Proposal Description:**

- \_\_\_\_\_ 1. Provide a complete detailed project description.
- \_\_\_\_\_ 2. Provide a timeline of events for the project, from the issuance of the CON through project completion.
- \_\_\_\_\_ 3. Provide preliminary schematic drawings for the proposed project.
- \_\_\_\_\_ 4. Provide the existing and proposed gross square footage.
- \_\_\_\_\_ 5. Document ownership of the project site.

**Divider III. Community Need Criteria and Standards:**

- \_\_\_\_\_ 1. If the proposal is to relocate RCF/ALF beds within 6-mile radius in accordance with §197.318.4(4) provide the following:
  - \_\_\_\_\_ - Documentation that all facilities involved are under the same licensure ownership or control;
  - \_\_\_\_\_ - Documentation that all facilities involved are within the 6-mile limit; and
  - \_\_\_\_\_ - Documentation that all owners and operators of the facility from which the beds are being transferred are aware of the proposal and consent to it.
- \_\_\_\_\_ 2. If the proposal is to replace one-half of a qualifying licensed facility's beds within a 30-mile radius in accordance with §197.318.5 provide the following:
  - \_\_\_\_\_ - Documentation that the facility has only been operating 50% of its licensed capacity with every resident residing in a private room and all vacant beds have been reported to the Division of Regulation and Licensure as unavailable for occupancy for at least the most recent four consecutive calendar quarters;
  - \_\_\_\_\_ - Documentation that the replacement beds shall be built to private room specifications and only used for single occupancy; and
  - \_\_\_\_\_ - Documentation that the existing and proposed facilities have the same owner or owners, and that the owner or owners stipulate that the beds to be replaced shall not be used later for long term care; if the existing facility is being operated under a lease, both the lessee and owner shall stipulate the same.
- \_\_\_\_\_ 3. If the proposal is to replace a facility in its entirety at a single site within a 15-mile radius in accordance with §197.318.6 provide the following:
  - \_\_\_\_\_ - Documentation that all facilities involved are within the 15-mile limit; and
  - \_\_\_\_\_ - Documentation that the existing facility and the proposed facility have the same owner or owners with a written stipulation that the facility to be replaced will not be used later for a long term care.
- \_\_\_\_\_ 4. If the proposal is to expand under provisions of §197.318.4(1) and the effort to purchase has been successful provide:
  - \_\_\_\_\_ - Purchase Agreement Form(s) (MO 580-2352); and
  - \_\_\_\_\_ - A copy of the selling facility's reissued license verifying surrender of beds sold.
- \_\_\_\_\_ 5. If the proposal is to expand under provisions of §197.318.4(1) and effort(s) to purchase have been unsuccessful, provide Purchase Agreement Form(s) (MO 580-2352) verifying unsuccessful effort(s) to purchase.



## Certificate of Need Program

**EXPEDITED LTC RENOVATION/MODERNIZATION APPLICATION**

## Applicant's Completeness Checklist and Table of Contents

Project Name: \_\_\_\_\_ Project No: \_\_\_\_\_

Project Description: \_\_\_\_\_

Done	Page	N/A	Description
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**Divider I. Application Summary:**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Applicant Identification and Certification (Form MO 580-1861).                           |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Representative Registration (Form MO 580-1869).  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Proposed Project Budget (Form MO 580-1863) and detail sheet with documentation of costs. |

**Divider II. Proposal Description:**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Provide a complete detailed project description.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Provide a timeline of events for the project, from the issuance of the CON through project completion. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Provide preliminary schematic drawings for the proposed project.                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Provide the existing and proposed gross square footage.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Document ownership of the project site.  |

**Divider III. Community Need Criteria and Standards:**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Indicate whether the proposed project is needed to comply with current facility code requirements of local, state or federal governments.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Indicate whether the proposed project is needed to meet requirements for licensure, certification or accreditation, which if not undertaken, could result in a loss of accreditation or certification. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Describe any operational efficiencies to be attained through reconfiguration of space and functions.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Describe the methodologies used for determining need.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Provide the rationale for the reallocation of space and functions.   |





Certificate of Need Program

**EQUIPMENT REPLACEMENT APPLICATION**

Applicant's Completeness Checklist and Table of Contents

Project Name: \_\_\_\_\_ Project No: \_\_\_\_\_

Project Description: \_\_\_\_\_

Done Page N/A Description

**Divider I. Application Summary:**

- \_\_\_\_\_ 1. Applicant Identification and Certification (Form MO 580-1861)
- \_\_\_\_\_ 2. Representative Registration (Form MO 580-1869)
- \_\_\_\_\_ 3. Proposed Project Budget (Form MO 580-1863) and detail sheet with documentation of costs.

**Divider II. Proposal Description:**

- \_\_\_\_\_ 1. Provide a complete detailed project description, CON project number of the existing equipment (if prev. CON approved), and include the type/brand of both the existing equipment and the replacement equipment.
- \_\_\_\_\_ 2. Provide a listing with itemized costs of the medical equipment to be acquired and bid quotes.
- \_\_\_\_\_ 3. Provide a timeline of events for the project, from CON issuance through project completion.

**Divider III. Service Specific Criteria and Standards:**

- \_\_\_\_\_ 1. Describe the financial rationale for the proposed replacement equipment.
- \_\_\_\_\_ 2. Document if the existing equipment has exceeded its useful life.
- \_\_\_\_\_ 3. Describe the effect the replacement unit would have on quality of care.
- \_\_\_\_\_ 4. Document if the existing equipment is in constant need of repair.
- \_\_\_\_\_ 5. Document if the lease on the current unit has expired.
- \_\_\_\_\_ 6. Describe the technological advances provided by the new unit.
- \_\_\_\_\_ 7. Describe how patient satisfaction would be improved.
- \_\_\_\_\_ 8. Describe how patient outcomes would be improved.
- \_\_\_\_\_ 9. Describe what impact the new unit would have on utilization.
- \_\_\_\_\_ 10. Describe any new capabilities that the new unit would provide.
- \_\_\_\_\_ 11. By what percent will this replacement increase patient charges.

*(If replacement equipment was not previously approved, also complete Divider IV below.)*

**Divider IV. Financial Feasibility Review Criteria and Standards:**

- \_\_\_\_\_ 1. Document that sufficient financing is available by providing a letter from a financial institution or an auditor's statement indicating that sufficient funds are available.
- \_\_\_\_\_ 2. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) projected through three (3) **FULL** years beyond project completion.
- \_\_\_\_\_ 3. Document how patient charges are derived.
- \_\_\_\_\_ 4. Document responsiveness to the needs of the medically indigent.

**AUTHORITY:** section 197.320, RSMo 2016. Emergency rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Original rule filed Aug. 29, 1997, effective March 30, 1998. For intervening history, please consult the *Code of State Regulations*. Amended: Filed June 29, 2022.

**PUBLIC COST:** This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

**PRIVATE COST:** This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

**NOTICE TO SUBMIT COMMENTS:** Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Health Facilities Review Committee, 3418 Knipp Drive, Suite F, Jefferson City, MO 65109 or via email at CONP@health.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 19—DEPARTMENT OF HEALTH AND  
SENIOR SERVICES  
Division 60—Missouri Health Facilities Review  
Committee  
Chapter 50—Certificate of Need Program**

**PROPOSED AMENDMENT**

**19 CSR 60-50.440 Criteria and Standards for Equipment and New Hospitals.** The committee is amending sections (1) and (2) and subsection (4)(B).

**PURPOSE:** The committee is amending this rule to remove need methodologies for new major medical units, add three (3) full years of utilization data for new/additional units, add robotic surgery utilization requirements, and add three (3) full years of data for new hospital projects.

(1) For new units or services in the service area, use the following [methodologies]:

[(A) The population-based need formula is  $(Unmet\ need = (R \times P) - U)$  where:

$P$  = Year 2025 population in the service area(s). use population in 19 CSR 60-50.430;

$U$  = Number of service units in the service area(s); and

$R$  = Community need rate of one (1) unit per population listed as follows:

1. Magnetic resonance imaging unit: 28,000
2. Positron emission tomography/computed tomography unit: 224,000
3. Lithotripsy unit: 486,000
4. Linear accelerator unit: 78,000
5. Cardiac catheterization lab: 42,000
6. Gamma knife: 1,947,000
7. Computed tomography: 15,000]

[(B)](A) Provide [T]the minimum annual utilization for [all] each of the other providers in the service area for the most recent three (3) full years, if applicable. The provider(s) should achieve at least the following community need rates as follows by the final year:

1. Magnetic resonance imaging procedures: 2,000
2. Positron emission tomography/computed tomography procedures: 1,000
3. Lithotripsy treatments: 1,000
4. Linear accelerator treatments: 3,500
5. Cardiac catheterization procedures (include coronary angioplasties): 500

6. Gamma knife treatments: 200

7. Computed tomography: 3,500

**8. Robotic surgery system: 240**

[(C)](B) For long-term care hospitals (such as a hospital-within-a-hospital or long-term acute care hospital), the applicant should comply with the standards as described in 42 CFR, section 412.23(e), and the bed need should meet the applicable population-based bed need methodology in 19 CSR 60-50.450;

[(D)](C) Alternate methodologies may also be provided.

(2) For additional units or services, **provide** the applicant's [optimal] annual utilization **for the most recent three (3) full years, if applicable. The applicant** should achieve at least the following community need rates as follows, **by the final year:**

(A) Magnetic resonance imaging procedures: 3,000

(B) Positron emission tomography/computed tomography procedures: 1,000

(C) Lithotripsy treatments: 1,000

(D) Linear accelerator treatments: 6,000

(E) Cardiac catheterization procedures: 750

(F) Gamma knife treatments: 200

(G) Computed tomography: 4,000

**(H) Robotic surgery system: 240**

(4) For the construction of a new hospital, the following questions shall be answered:

(B) Provide **the most recent three (3) full years of evidence** that the [current] average occupancy of the same type(s) of beds at each other hospital/s/ in the proposed service area exceeds eighty percent (80%).

**AUTHORITY:** section 197.320, RSMo 2016. Emergency rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Original rule filed Aug. 29, 1997, effective March 30, 1998. For intervening history, please consult the *Code of State Regulations*. Amended: Filed June 29, 2022.

**PUBLIC COST:** This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

**PRIVATE COST:** This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

**NOTICE TO SUBMIT COMMENTS:** Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Health Facilities Review Committee, 3418 Knipp Drive, Suite F, Jefferson City, MO 65109 or via email at CONP@health.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 19—DEPARTMENT OF HEALTH AND  
SENIOR SERVICES  
Division 60—Missouri Health Facilities Review  
Committee  
Chapter 50—Certificate of Need Program**

**PROPOSED AMENDMENT**

**19 CSR 60-50.450 Criteria and Standards for Long-Term Care.** The committee is amending subsections (1)(D), (3)(A), (3)(B) and section (6), deleting sections (5) and (7), and renumbering the remaining sections accordingly.

**PURPOSE:** The committee is amending this rule to remove verbiage related to a demonstration project that is no longer effective, word

*updates, and to include a CON form within the rule rather than incorporating it by reference.*

(1) The following population-based long-term care bed need methodology for the fifteen- (15-)/- mile radius shall be used to determine the need:

(D) If the project is to add beds to an existing long-term care facility, the applicant shall state whether or not the facility received any *[patient]* **resident** care Class I deficiencies within the last eighteen (18) months as a result of a survey, inspection, or complaint investigation and the reason for and status of the deficiencies.

(3) An LTC bed expansion involving a Chapter 198 facility may qualify for shortened information requirements and review time frames. The applicant shall submit the following information:

(A) If an effort to purchase has been successful pursuant to section 197.318.4(1), RSMo, a Purchase Agreement (Form MO 580-2352), **included herein**, between the selling and purchasing facilities, and a copy of the selling facility's reissued license verifying the surrender of the beds sold; or

(B) If an effort to purchase has been unsuccessful pursuant to section 197.318.4(1), RSMo, a Purchase Agreement (Form MO 580-2352), **included herein**, between the selling and purchasing facilities which documents the "effort(s) to purchase" LTC beds.

*[(5) Any newly-licensed Chapter 198 facility established as a result of the Alzheimer's and dementia demonstration projects pursuant to Chapter 198, RSMo, or aging-in-place pilot projects pursuant to Chapter 198, RSMo, as implemented by the Division of Regulation and Licensure (DRL), may be licensed by the DRL until the completion of each project. If a demonstration or pilot project receives a successful evaluation from the DRL and a qualified Missouri school or university, and meets the DRL standards for licensure, this will ensure continued licensure without a new CON.]*

*[(6)](5) For LTC renovation or modernization projects which do not include increasing the number of beds, the applicant shall document the following, if applicable:*

(A) The proposed project is needed to comply with current facility code local, state, or federal government requirements for licensure, certification, or accreditation;

(B) Operational efficiencies will be attained through reconfiguration of space and functions;

(C) The methodologies used for determining need and the reallocation of space and functions; and

(D) The benefits to the facility because of its age or condition.

*[(7) The following form cited in this rule is incorporated by reference and published by the Certificate of Need Program (CONP), May 1, 2012, and may be downloaded from <http://health.mo.gov/information/boards/certificateofneed/forms.php>, obtained by emailing a written request to [CONP@health.mo.gov](mailto:CONP@health.mo.gov), or acquired in person at the CONP Office, 3418 Knipp Drive, Suite F, Jefferson City, Missouri, 65102 (573) 751-6403. This rule does not include any later amendments or additions.*

*(A) Purchase Agreement (Form MO 580-2352).]*



## Certificate of Need Program

**PURCHASE AGREEMENT****Part 1: Purchasing Facility Information**

Name of Facility: \_\_\_\_\_

Address (no PO Box): \_\_\_\_\_

City, State, Zip, County: \_\_\_\_\_

Number/Type of Licensed Beds: \_\_\_\_\_  
☐ RCF/ALF (Check RCF/ALF for residential care and assisted living facility or ICF/SNF for intermediate care and skilled nursing facility.)  
☐ ICF/SNF

Owner(s): \_\_\_\_\_

Operator(s): \_\_\_\_\_

**Part II: Selling Facility Information**

Name of Facility: \_\_\_\_\_

Address (no PO Box): \_\_\_\_\_

City, State, Zip, County: \_\_\_\_\_

Number/Type Licensed Beds: \_\_\_\_\_  
☐ RCF/ALF (Check RCF/ALF for residential care and assisted living facility or ICF/SNF for intermediate care and skilled nursing facility.)  
☐ ICF/SNF

Owner(s): \_\_\_\_\_

Operator(s): \_\_\_\_\_

**Part III: Value of Consideration**

Monetary Value of Purchase: \$ \_\_\_\_\_ No./Type Beds: \_\_\_\_\_

Terms of Purchase: \_\_\_\_\_  
(Add more pages as necessary to describe the sale.)**Part IV: Certification of Information**☐ Yes ☐ No The above Purchaser and Seller have agreed to these purchase terms.**Purchaser Signature:** \_\_\_\_\_

Title/Date: \_\_\_\_\_

**Seller(s) Signature(s):**

Owner(s): \_\_\_\_\_

Operator(s): \_\_\_\_\_

Title/Date: \_\_\_\_\_

*AUTHORITY: section 197.320, RSMo 2016. Emergency rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Original rule filed Aug. 29, 1997, effective March 30, 1998. For intervening history, please consult the **Code of State Regulations**. Amended: Filed June 29, 2022.*

*PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Health Facilities Review Committee, 3418 Knipp Drive, Suite F, Jefferson City, MO 65109 or via email at CONP@health.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

**Title 19—DEPARTMENT OF HEALTH AND  
SENIOR SERVICES  
Division 60—Missouri Health Facilities Review  
Committee  
Chapter 50—Certificate of Need Program**

**PROPOSED AMENDMENT**

**19 CSR 60-50.470 Criteria and Standards for Financial Feasibility.** The committee is amending section (1) and subsection (3)(A), and deleting section (7).

*PURPOSE: The committee is amending this rule to include certain CON forms within the rule rather than incorporating them by reference.*

(1) Proposals for any new hospital, skilled nursing facility, intermediate care facility, residential care facility, or assisted living facility construction must include documentation that the proposed costs per square foot are reasonable when compared to the latest RS Means Cost Data Percentile Limit Total New Construction Project Costs (Form MO 580-1866), **included herein**, available from the Certificate of Need Program (CONP). Any proposal with costs in excess of the three-fourths (3/4) percentile must include justification for the higher costs.

(3) Document financial feasibility by including—

(A) The Service-Specific Revenues and Expenses (Form MO 580-1865), **included herein**, as a financial pro forma for each revenue generating service affected by the project for the past three (3) full years projected through three (3) full years beyond project completion; and

*[(7) The following forms cited in this rule are incorporated by reference and published by the Certificate of Need Program (CONP), October 1, 2009, and may be downloaded from <http://health.mo.gov/information/boards/certificateofneed/forms.php>, obtained by emailing a written request to CONP@health.mo.gov, or acquired in person at the CONP Office, 3418 Knipp Drive, Suite F, Jefferson City, Missouri, 65102 (573) 751-6403. This rule does not include any later amendments or additions.*

*(A) Service-Specific Revenues and Expenses (Form MO 580-1865).*

*(B) RS Means Cost Data (Form MO 580-1866).]*



## Certificate of Need Program

**SERVICE-SPECIFIC REVENUES AND EXPENSES****Project Title:****Project #:****Historical Financial Data for Latest Three Full Years plus  
Projections Through Three Full Years Beyond Project Completion**

Use an individual form for each affected service with a  
sufficient number of copies of this form to cover entire period,  
and fill in the years in the appropriate blanks.

	Year		
	20??	20??	20??
<b>Amount of Utilization:*</b>	0	0	0
<b>Revenue:</b>			
Average Charge**	\$0	\$0	\$0
Gross Revenue	\$0	\$0	\$0
Revenue Deductions	0	0	0
Operating Revenue	0	0	0
Other Revenue	0	0	0
<b>TOTAL REVENUE</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Expenses:</b>			
Direct Expenses			
Salaries	0	0	0
Fees	0	0	0
Supplies	0	0	0
Other	0	0	0
<b>TOTAL DIRECT</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Indirect Expenses			
Depreciation	0	0	0
Interest***	0	0	0
Rent/Lease	0	0	0
Overhead****	0	0	0
<b>TOTAL INDIRECT</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL EXPENSES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>NET INCOME (LOSS):</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

\*Utilization will be measured in "patient days" for licensed beds, "procedures" for equipment,  
or other appropriate units of measure specific to the service affected.

\*\*Indicate how the average charge/procedure was calculated.

\*\*\*Only on long term debt, not construction.

\*\*\*\*Indicate how overhead was calculated.

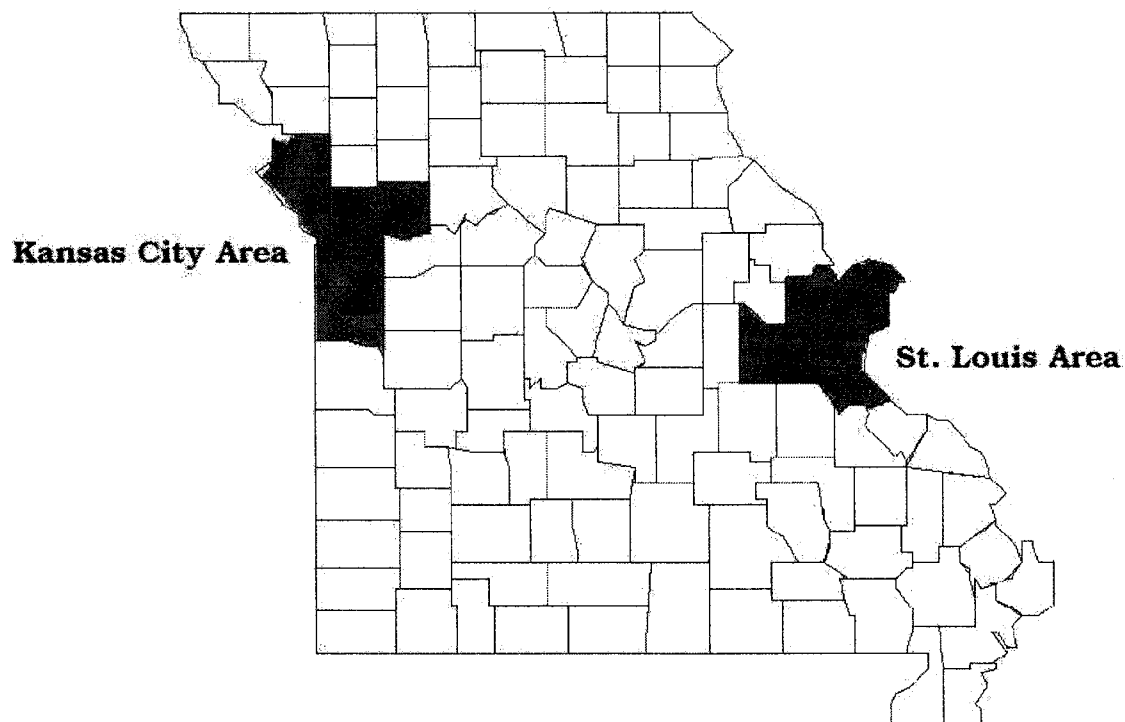
## RS Means Cost Data

### RS Means Cost Data Percentile Limits Total New Construction Project Costs\*

Source: 2022 RS Means Building Construction Cost Data

<u>Type of Facility</u>	<u>Percentile</u>	<u>St. Louis Area</u>	<u>Kansas City Area</u>	<u>Other Missouri</u>
Hospital	3/4	460.92	454.09	419.97
Cost Per Sq. Ft.	Median	430.53	424.15	392.28
Nursing Home/ Assisted Living Facility**	3/4	219.82	216.57	200.29
Cost Per Sq. Ft.	Median	182.34	179.64	166.14

\*\*Since 2017, nursing homes and assisted living facilities have been combined into one cost per square foot.



\* Renovation costs should not exceed 70% of total new construction project costs.

*AUTHORITY:* section 197.320, RSMo 2016. Emergency rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Original rule filed Aug. 29, 1997, effective March 30, 1998. For intervening history, please consult the *Code of State Regulations*. Amended: Filed June 29, 2022.

*PUBLIC COST:* This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

*PRIVATE COST:* This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Health Facilities Review Committee, 3418 Knipp Drive, Suite F, Jefferson City, MO 65109 or via email at CONP@health.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 19—DEPARTMENT OF HEALTH AND  
SENIOR SERVICES  
Division 60—Missouri Health Facilities Review  
Committee  
Chapter 50—Certificate of Need Program**

**PROPOSED AMENDMENT**

**19 CSR 60-50.500 Additional Information.** The committee is amending section (3).

*PURPOSE:* The committee is amending this rule to provide submission deadlines of information by affected parties.

(3) [Information submitted by affected persons shall be received at the committee's principal office at least five (5) calendar days before the scheduled meeting of the committee/ Support, neutral, and opposing information submitted by affected persons shall be received at the committee's principal office three (3) business days before the scheduled meeting of the committee.

*AUTHORITY:* section 197.320, RSMo 2016. Original rule filed June 2, 1994, effective Nov. 30, 1994. For intervening history, please consult the *Code of State Regulations*. Amended: Filed June 29, 2022.

*PUBLIC COST:* This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

*PRIVATE COST:* This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Health Facilities Review Committee, 3418 Knipp Drive, Suite F, Jefferson City, MO 65109 or via email at CONP@health.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 19—DEPARTMENT OF HEALTH AND  
SENIOR SERVICES  
Division 60—Missouri Health Facilities Review  
Committee  
Chapter 50—Certificate of Need Program**

**PROPOSED AMENDMENT**

**19 CSR 60-50.700 Post-Decision Activity.** The committee is amending sections (1) and (2) and subsections (4)(A) and (7)(B), adding new sections (8)-(11), deleting section (9), and renumbering as needed.

*PURPOSE:* The committee is amending this rule to define what is acceptable for aboveground construction, add budget requirements for cost overrun requests, add owner, operator, and site change requirements, and add Applicant Identification form.

(1) Applicants who have been granted a Certificate of Need (CON) or a Non-Applicability CON letter shall file reports by mail or email with the Missouri Health Facilities Review Committee (committee), using Periodic Progress Report (Form MO 580-1871), **included herein**. A report shall be filed within ten (10) days following the end of each six- (6-)/-1 month period after CON approval, or issuance of a Non-Applicability CON letter, until the project is complete which includes the licensing of all new beds, installation of equipment, and/or completion of renovations. All Periodic Progress Reports must contain a complete and accurate accounting of all expenditures for the report period. Final project costs with third-party verification must be provided on a Periodic Progress Report (Form MO 580-1871), **included herein**.

(2) Applicants who have been granted a CON and fail to incur a capital expenditure within six (6) months may request an extension of six (6) months by submitting a written request to the committee outlining the reasons for the failure, with a listing of the actions to be taken within the requested extension period to insure compliance. The Certificate of Need Program (CONP) staff on behalf of the committee will analyze the request and grant an extension, if appropriate. Applicants may request additional extensions by submitting a completed Request for Extension (Form MO 580-1872), **included herein**, and must provide financial information plus other documentation describing delays.

(4) A CON shall be subject to forfeiture for failure to—

(A) Incur a project-specific capital expenditure within twelve (12) months after the date the CON was issued through initiation of project aboveground construction **by any of the following: installation of structural support; installation of structural steel; installation of framing; establishing foundations and a wall** or lease/purchase of the proposed equipment since a capital expenditure, according to generally accepted accounting principles, must be applied to a capital asset; or

(7) Cost overrun review procedures implement the CON statute section 197.315.7, RSMo. Immediately upon discovery that a project's actual costs would exceed approved project costs by more than ten percent (10%), the applicant shall apply for approval of the cost variance. A nonrefundable fee in the amount of one-tenth of one percent (0.1%) of the additional project cost above the approved amount made payable to "Missouri Health Facilities Review Committee" shall be required. The information requirements for a cost overrun review are required as follows:

(B) Provide a Proposed Project Budget (Form MO 580-1863), **included herein, and budget detail including all methods and assumptions used. Documentation of costs may be requested.**

(8) Applicants may request a project owner change. The information requirements for an owner change review are as follows:



- (A) Reason for owner change;
- (B) Statement as to whether or not the proposed owner is an affiliate of the current owner, and explanation of relationship;
- (C) Evidence that the existing owner agrees to the change. This can be a statement or a contract;
- (D) Documentation that the proposed owner owns the site, or has an executed option to purchase or lease the real property;
- (E) Documentation that the proposed owner(s) is registered to do business in Missouri;
- (F) Documentation that sufficient financing would be available to assure completion of the project;
- (G) Provide a complete and signed Applicant Identification and Certification (Form MO 580-1861), included herein, with the proposed owner listed.

(9) Applicants may request a project operator change. The information requirements for an operator change review are as follows:

- (A) Reason for operator change;
- (B) Statement as to whether or not the proposed operator is an affiliate of the current operator, and explanation of relationship;
- (C) Evidence that the existing operator agrees to the change. This can be a statement or a contract;
- (D) Documentation that the proposed operator(s) is registered to do business in Missouri;
- (E) The proposed operator must provide a brief explanation of their ability and experience operating a long-term care facility;
  - 1. State if the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous five (5) years;
  - 2. If the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous five (5) years, provide the name and address of the facility whose license was revoked;
  - 3. State if the Medicare and/or Medicaid certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous five (5) years; and
  - 4. If the Medicare and/or Medicaid certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous five (5) years, provide the name and address of the facility whose Medicare and/or Medicaid certification was revoked; and
- (F) Provide a complete and signed Applicant Identification and Certification (Form MO 580-1861), included herein, with the proposed operator listed.

(10) Applicants may request a project site change. The information requirements for a site change review are as follows:

- (A) Reason for site change;
- (B) Documentation the proposed site is within fifteen (15) miles as the crow flies of the existing site;
- (C) Documentation that the owner owns the site, or has an executed option to purchase or lease the real property;
- (D) Documentation of the cost of the proposed site;
- (E) A legible street or road map showing the exact location of the facility or health service, and a copy of the site plan showing the relation of the project to existing structures and boundaries;
- (F) Statement as to whether or not the project cost would change. If the project cost would change, submit a revised proposed budget and fee if applicable;
- (G) Provide the population-based long-term care bed need methodology for the fifteen- (15-) mile radius of the proposed site;
- (H) Provide a complete and signed Applicant Identification and Certification (Form MO 580-1861), included herein, with the proposed site listed;
- (I) List of any additional changes to the project as originally

presented to the committee, such as—

- 1. Decrease in the number of beds. If a decrease, how many beds would be licensed;
- 2. Change to the building structure(s). If there would be a change, a description of the change(s), the total square footage, and revised schematics of the proposed building(s) with all use of space marked; and
- 3. The timeline of events for the project, from site change approval through project completion;
- (J) Statement of how consumers were made aware of the proposed site change. All feedback received from consumers regarding the proposed site; and
- (K) Documentation that sufficient financing would be available to assure completion of the project.

(11) Any applicant who requests an owner, operator or site change or cost overrun must still comply with sections (1) and (2) of this rule.

[(8)](12) At any time during the process from Letter of Intent to project completion, the applicant is responsible for notifying the committee of any change in the designated contact person. If a change is necessary, the applicant must file a Contact Person Correction (Form MO 580-1870), included herein.

[(9) The following forms cited in this rule are incorporated by reference and published by the Certificate of Need Program (CONP), December 13, 2019, and may be downloaded from <http://health.mo.gov/information/boards/certificateofneed/forms.php>, obtained by emailing a written request to [CONP@health.mo.gov](mailto:CONP@health.mo.gov), or acquire in person at the CONP Office, 3418 Knipp Drive, Suite F, Jefferson City, Missouri, 65102 (573) 751-6403. This rule does not include any later amendments or additions.

- (A) Periodic Progress Report (Form MO 580-1871).
- (B) Extension Request (Form MO 580-1872).
- (C) Proposed Project Budget (Form MO 580-1863).
- (D) Contact Person Correction (Form MO 580-1870).]



## Certificate of Need Program

**APPLICANT IDENTIFICATION AND CERTIFICATION**

The information provided must match the **Letter of Intent** for this project, without exception.

**1. Project Location** (Attach additional pages as necessary to identify multiple project sites.)

Title of Proposed Project	Project Number
Project Address (Street/City/State/Zip Code)	County

**2. Applicant Identification** (Information must agree with previously submitted Letter of Intent.)

List All Owner(s): (List corporate entity.)	Address (Street/City/State/Zip Code)	Telephone Number

List All Operator(s): (List entity to be licensed or certified.)	Address (Street/City/State/Zip Code)	Telephone Number

**3. Ownership** (Check applicable category.)

<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> Individual	<input type="checkbox"/> City	<input type="checkbox"/> District
<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> County	<input type="checkbox"/> Other _____

**4. Certification**

In submitting this project application, the applicant understands that:

- (A) The review will be made as to the community need for the proposed beds or equipment in this application;
- (B) In determining community need, the Missouri Health Facilities Review Committee (Committee) will consider all similar beds or equipment within the service area;
- (C) The issuance of a Certificate of Need (CON) by the Committee depends on conformance with its Rules and CON statute;
- (D) A CON shall be subject to forfeiture for failure to incur an expenditure on any approved project six (6) months after the date of issuance, unless obligated or extended by the Committee for an additional six (6) months;
- (E) Notification will be provided to the CON Program staff if and when the project is abandoned; and
- (F) A CON, if issued, may not be transferred, relocated, or modified except with the consent of the Committee.

We certify the information and date in this application as accurate to the best of our knowledge and belief by our representative's signature below:

**5. Authorized Contact Person** (Attach a Contact Person Correction Form if different from the Letter of Intent.)

Name of Contact Person	Title	
Telephone Number	Fax Number	E-mail Address
Signature of Contact Person	Date of Signature	



Certificate of Need Program

**PROPOSED PROJECT BUDGET**

**Description**

**Dollars**

**COSTS:\***

(Fill in every line, even if the amount is "\$0".)

- |  |              |
|--|--------------|
| 1. New Construction Costs ***                                      | _____        |
| 2. Renovation Costs ***  | _____        |
| 3. <b>Subtotal Construction Costs</b> (#1 plus #2)                 | <u>\$0</u>   |
| 4. Architectural/Engineering Fees                                  | _____        |
| 5. Other Equipment (not in construction contract)                  | _____        |
| 6. Major Medical Equipment   | _____        |
| 7. Land Acquisition Costs ***                                      | _____        |
| 8. Consultants' Fees/Legal Fees ***                                | _____        |
| 9. Interest During Construction (net of interest earned) ***       | _____        |
| 10. Other Costs ***  | _____        |
| 11. <b>Subtotal Non-Construction Costs</b> (sum of #4 through #10) | <u>\$0</u>   |
| 12. <b>Total Project Development Costs</b> (#3 plus #11)           | <u>\$0**</u> |

**FINANCING:**

- |   |              |
|---|--------------|
| 13. Unrestricted Funds                                      | _____        |
| 14. Bonds   | _____        |
| 15. Loans   | _____        |
| 16. Other Methods (specify)                                 | _____        |
| 17. <b>Total Project Financing</b> (sum of #13 through #16) | <u>\$0**</u> |

- |  |       |
|--|-------|
| 18. New Construction Total Square Footage        | _____ |
| 19. New Construction Costs Per Square Foot ***** | _____ |
| 20. Renovated Space Total Square Footage         | _____ |
| 21. Renovated Space Costs Per Square Foot *****  | _____ |

\* Attach additional page(s) detailing how each line item was determined, including all methods and assumptions used. Provide documentation of all major costs.

\*\* These amounts should be the same.

\*\*\* Capitalizable items to be recognized as capital expenditures after project completion.

\*\*\*\* Include as Other Costs the following: other costs of financing; the value of existing lands, buildings and equipment not previously used for health care services, such as a renovated house converted to residential care, determined by original cost, fair market value, or appraised value; or the fair market value of any leased equipment or building, or the cost of beds to be purchased.

\*\*\*\*\* Divide new construction costs by total new construction square footage.

\*\*\*\*\* Divide renovation costs by total renovation square footage.



## Certificate of Need Program

**CONTACT PERSON CORRECTION**

		<b>Date</b>	
<b>Project Name:</b>		<b>Project Number:</b>	
<b><i>Please type or print legibly the <u>current</u> "Contact Person" information below:</i></b>			
<b>Contact Person (Name/Association)</b>		<b>Title</b>	
<b>Telephone Number</b>	<b>E-mail Address</b>		
<b><i>Please type or print legibly the <u>corrected</u> "Contact Person" information below:</i></b>			
<b>Contact Person (Name/Association)</b>		<b>Title</b>	
<b>Address (Street/City/State/Zip Code)</b>			
<b>Telephone Number</b>	<b>Fax Number</b>	<b>E-mail Address</b>	
<b>Corrected Contact Person (Signature Required)</b>			<b>Date</b>
<b>Applicant (Print or Type Name)</b>			
<b>Applicant (Signature Required)</b>			<b>Date</b>



Certificate of Need Program

PERIODIC PROGRESS REPORT

**Instructions for Completion (see attached blank forms)**

- Purpose:** To gather uniform data regarding the progress and compliance of approved Certificate of Need (CON) projects in accordance with §197.300 to §197.366 RSMo; and to provide data to develop, implement and manage a database for project tracking, monitoring, notification and follow-up.
- Used by:** Missouri Health Facilities Review Committee, CON Program Staff, and Project Contact Person.
- General:** Periodic Progress Reports (PPRs) must provide all requested data and information in a complete, concise and legible manner. Each PPR must indicate if it is an Intermediate or Final Report. PPRs which are incomplete, illegible and/or contain mathematical discrepancies may be returned to the Contact Person for appropriate corrective action.
- Project ID:** Any changes in this information must be brought to the attention of the CON Program Staff immediately upon occurrence.
- Add'l. Info.:** *Additional information MUST be attached to **substantiate** answers to the individual questions. All final PPRs must include documentation which substantiates all claims and expenditures.*

**Individual Questions:**

1. **Have capital expenditures been incurred for the proposed construction and/or medical equipment?** A capital expenditure shall be deemed to have occurred if the applicant has at least one or more of the following:
  - **Construction expenditures** assignable to a capital asset in accordance with generally accepted accounting principles and which are not chargeable to pre-development or operating costs, which may be documented by a signed AIA construction contract with starting and ending dates; and above-ground construction;
  - **Purchase Orders (POs)** which are signed and which include the date of purchase, delivery, installation and operational date; or
  - **Acquisition** of medical equipment or property by lease, transfer, or purchase which has been authorized by the applicant and includes the date of the lease, the annual cost, cost and date of buy-out; purchase date, delivery installation and operational dates; and transfer date, current value, installation and operational date.

If the answer to this question is "Yes," then attach copies of the appropriate signed construction contract (include pictures of construction activity), purchase order, or lease agreement (with original signatures).

If capital expenditure or expenditure for medical equipment has not been incurred, provide a detailed explanation and include the steps being taken to correct the situation within the time constraints of §197.315.9 RSMo. Indicate the nature, costs and the date that a capital expenditure will be incurred.
2. **Are the expenditures for this reporting period/project-to-date included?**

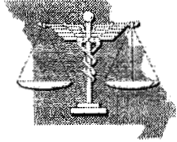
List all project expenditures, by category, incurred during the reported period and project-to-date on the **Project Budget/Expenditures** form.
3. **Are the projected final costs within the limits approved? (Self-explanatory)**

Using current costs and expenditures, extrapolate final project costs to the project completion date. If total costs will exceed those approved by the Committee by more than 10%, specify and explain the area and category involved. Also, indicate the estimated filing date for your cost-overrun application.
4. **Are there any changes in the services or programs as approved in the application?**

*(Explain any changes)*
5. **Has the project contact person changed?**

If "Yes," enclose a new CON Contact Person Correction Form.
6. **Percentage of Construction or installation complete.**

*(If the expenditures and construction/installation are both 100% complete, provide a final report.)*



## Certificate of Need Program

**PERIODIC PROGRESS REPORT**

Type of Progress Report:

- ☐ Intermediate  
☐ Final

All applicants granted a Certificate of Need (CON) by the Missouri Health Facilities Review Committee are required to submit periodic progress reports until such time as the project is complete (§197.315 (8) RSMo). These reports **must** be filed with the CON Program staff after the end of **each six (6) month reporting period** following the issuance of a CON.

Name of Project	Report Period
Address	Project Number
	Date CON Issued
Project Description	Approved Cost

- ☐ Yes **1. Have capital expenditures been incurred for the proposed construction through aboveground construction, renovations or lease/purchase of the proposed equipment?**  
☐ No \_\_\_\_\_ Date aboveground construction or renovations commenced, or equipment purchased.  
 Provide documentation (i.e. photos, copy of AIA contract and/or purchase order).
- ☐ Yes **\*2. Are the expenditures for this reporting period/project to-date included?**  
☐ No \_\_\_\_\_% Percent of the total approved project amount that has been expended to date.
- ☐ Yes **3. Are the projected final costs within the limits approved?**  
☐ No If "No" and costs are above 10% of approved amount, then submit a cost over-run application.  
 \$\_\_\_\_\_ Estimated final project cost
- ☐ Yes **4. Are there any changes in the services or programs as approved in the application?**  
☐ No If "Yes" explain in detail and provide replacement pages for the approved application.
- ☐ Yes **5. Has the project contact person changed?**  
☐ No If "Yes," enclose a new Contact Person Correction Form (MO 580-1870).
- \*6. Construction or installation is \_\_\_\_\_% complete. (Not the same as expenditures to-date.)**

*\*If Items 2 and 6 are both 100% complete, signify this as the **Final Report** and submit documentation of final costs.*

Describe the status and progress of the project to-date. Clearly explain expenditures, delays, changes in project progress, or lack of progress. (Use additional pages as needed.)



Certificate of Need Program

**PERIODIC PROGRESS REPORT**

<b>Project Budget/Expenditures</b>	Report Period: _____ to _____		
Description	Application	This Period	Project to-date
1. General Construction Costs	0	0	0
2. Renovation Costs	0	0	0
<b>3. Subtotal Construction Costs</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
4. Architectural/Engineering Fees	0	0	0
5. Other Equipment (not in construction contract)	0	0	0
6. Major Medical Equipment	0	0	0
7. Land Acquisition Costs	0	0	0
8. Consultants' Fees/Legal Fees	0	0	0
9. Interest During Construction	0	0	0
10. Other Costs	0	0	0
<b>11. Subtotal Non-construction Costs</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>12. TOTAL Project Development Costs</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Square footage of New Construction	0	0	0
Square footage of Renovation	0	0	0
Total square footage for Project	0	0	0
Costs per square foot: New Construction	0	0	0
Costs per square foot: Renovation	0	0	0
Name of Contact Person		Title	
Telephone Number	Fax Number	E-mail Address	

### Certificate of Need Request for Extension

To request a six-month extension to incur a capital expenditure or above-ground construction, complete this form in its entirety. Also submit a completed Periodic Progress Report with this form if it is due at this time. Send this information by email to [CONP@health.mo.gov](mailto:CONP@health.mo.gov) (preferred), fax at 573-751-7894, or mail to CONP, P.O. Box 570, Jefferson City, MO 65102. Request for extensions must be received in adequate time to allow for processing prior to the meeting for which a decision is scheduled.

Date:			
Project #:		Project Name:	
Project Title/Description:			
1. Briefly explain why a capital expenditure will not be incurred by the current deadline.			
2. Briefly state the reason(s) for the extension request.			
3. What steps have been completed for the project to date and when were they completed?			
<u>Date Completed</u>	<u>Step Completed</u>		
4. What steps are needed in order incur a capital expenditure (above ground construction or equipment lease/purchase) for the project, and when will they be completed?			
<u>Anticipated Completion Date</u>	<u>Step to be Completed</u>		
5. What are the steps that will take place after the capital expenditure to complete the project and when do you anticipate that they will be completed?			
<u>Anticipated Completion Date</u>	<u>Step to be Completed</u>		
6. Are planning and/or zoning matters complete, and is the site approved? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
If "no", explain.			
7. Has financing been secured for the project? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
<i>If financing has been acquired and documentation was not previously provided, attach a copy of the letter from the lender or 3<sup>rd</sup> party documentation.</i>			
Are financing contingencies complete? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
Is financing available for immediate disbursement for the project? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
If the answer is "no" to any of the above questions, explain.			
Give specifics of any and all existing financing problems and the reason(s) for their occurrence.			
8. Are there any new equity partners for the project as originally presented to the committee? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
If "yes", explain.			
9. Explain any and all restructuring of the project as originally presented to the committee.			
10. Describe any anticipated situation(s) or problems not previously addressed that may prevent the project from incurring a capital expenditure by the end of the requested extension, should the extension be granted.			
11. If this extension is granted, do you anticipate that additional six-month extensions will be necessary?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", how many would be needed? _____			
Explain why additional extensions would be needed.			
Signature		Printed Name	
		Date	



*AUTHORITY: section 197.320, RSMo 2016. Original rule filed June 2, 1994, effective Nov. 30, 1994. For intervening history, please consult the **Code of State Regulations**. Amended: Filed June 29, 2022.*

*PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Health Facilities Review Committee, 3418 Knipp Drive, Suite F, Jefferson City, MO 65109 or via email at [CONP@health.mo.gov](mailto:CONP@health.mo.gov). To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

**Title 19—DEPARTMENT OF HEALTH AND  
SENIOR SERVICES  
Division 60—Missouri Health Facilities Review  
Committee  
Chapter 50—Certificate of Need Program**

**PROPOSED AMENDMENT**

**19 CSR 60-50.800 Meeting Procedures.** The committee is amending subsection (6)(F) and deleting section (8).

*PURPOSE: The committee is amending this rule to include a CON form within the rule rather than incorporating it by reference.*

(6) The committee may give the applicant and affected persons an opportunity to make brief presentations at the meeting according to the Missouri Health Facilities Review Committee Meeting Format and Missouri Health Facilities Review Committee Meeting Protocol. The applicant and affected persons shall conform to the following procedures:

(F) All presenters shall complete and sign a Representative Registration (Form MO 580-1869), **included herein**, and give it to the sign-in coordinator prior to speaking;

*[(8) The following form cited in this rule is incorporated by reference and published by the Certificate of Need Program (CONP), October 1, 2009, and may be downloaded from <http://health.mo.gov/information/boards/certificateofneed/forms.php>, obtained by emailing a written request to [CONP@health.mo.gov](mailto:CONP@health.mo.gov), or acquired in person at the CONP Office, 3418 Knipp Drive, Suite F, Jefferson City, Missouri, 65102 (573) 751-6403. This rule does not include any later amendments or additions.*

*(A) Representative Registration (Form MO 580-1869).]*



## Certificate of Need Program

**REPRESENTATIVE REGISTRATION**

<i>(A registration form must be completed for <b>each</b> project presented.)</i>	
Project Name	Number
<i>(Please type or print legibly.)</i>	
Name of Representative	Title
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other)	Telephone Number
Address (Street/City/State/Zip Code)	
<b>Who's interests are being represented?</b> <i>(If more than one, submit a separate Representative Registration Form for each.)</i>	
Name of Individual/Agency/Corporation/Organization being Represented	Telephone Number
Address (Street/City/State/Zip Code)	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Check one. Do you:</p> <p><input type="checkbox"/> Support</p> <p><input type="checkbox"/> Oppose</p> <p><input type="checkbox"/> Neutral</p> <p>Other Information:</p> <p>_____</p> <p>_____</p> </div> <div style="width: 45%;"> <p>Relationship to Project:</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Legal Counsel</p> <p><input type="checkbox"/> Consultant</p> <p><input type="checkbox"/> Lobbyist</p> <p><input type="checkbox"/> Other (explain):</p> <p>_____</p> <p>_____</p> </div> </div> <p>I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: <i>Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in §105.478, RSMo.</i></p>	
Original Signature	Date

**AUTHORITY:** section 197.320, RSMo 2016. Original rule filed June 2, 1994, effective Nov. 30, 1994. For intervening history, please consult the **Code of State Regulations**. Amended: Filed June 29, 2022.

**PUBLIC COST:** This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

**PRIVATE COST:** This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

**NOTICE TO SUBMIT COMMENTS:** Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Health Facilities Review Committee, 3418 Knipp Drive, Suite F, Jefferson City, MO 65109 or via email at CONP@health.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

**Title 20—DEPARTMENT OF COMMERCE AND  
INSURANCE**

**Division 2230—State Board of Podiatric Medicine  
Chapter 2—General Rules**

**PROPOSED AMENDMENT**

**20 CSR 2230-2.010 Licensure by Examination.** The board is amending subsection (2)(E).

**PURPOSE:** This proposed change clarifies how long score reports from the National Board of Podiatric Medical Examiners can be accepted for licensure by examination.

(2) No application will be considered until the board receives all of the following:

(E) A certified score report from the National Board of Podiatric Medical Examiners or successor thereof, certifying satisfactory completion of all parts of the National Board Examination **within the previous two (2) years**;

**AUTHORITY:** sections 330.010, 330.040, and 330.140, RSMo 2016. This rule originally filed as 4 CSR 230-2.010. Original rule filed Dec. 23, 1975, effective Jan. 2, 1976. For intervening history, please consult the **Code of State Regulations**. Amended: Filed June 22, 2022.

**PUBLIC COST:** This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

**PRIVATE COST:** This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

**NOTICE TO SUBMIT COMMENTS:** Anyone may file a statement in support of or in opposition to this proposed amendment with the Board of Podiatric Medicine, PO Box 1335, Jefferson City, MO 65102, by facsimile at (573) 751-6301, or via email at podiatry@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

**Title 20—DEPARTMENT OF COMMERCE AND  
INSURANCE**

**Division 2233—State Committee of Marital  
and Family Therapists  
Chapter 2—Licensure Requirements**

**PROPOSED AMENDMENT**

**20 CSR 2233-2.010 Educational Requirements.** The committee is

amending section (3).

**PURPOSE:** This amendment amends the language regarding client contact hours.

(3) An applicant for licensure or supervision shall have completed the following:

(A) Three (3) semester hours or five (5) quarter hours of study in the area of theoretical foundations of marriage and family therapy; *[and]*

(B) Twelve (12) semester hours or twenty (20) quarter hours of study in the area of the practice of marriage and family therapy; *[and]*

(C) Six (6) semester hours or ten (10) quarter hours of study in the area of human development and family studies; *[and]*

(D) Three (3) semester hours or five (5) quarter hours of study in the area of ethics and professional studies; *[and]*

(E) Three (3) semester hours or five (5) quarter hours of study in the area of research methodology; *[and]*

(F) Six (6) semester hours or ten (10) quarter hours of practicum in marital and family therapy, including *[at least five hundred (500) hours of client contact.]* **the number of client contact hours as set forth by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) standards; and**

**AUTHORITY:** sections 337.715[, RSMo 2016,] and [section] 337.727, RSMo Supp. [2019] 2021. This rule originally filed as 4 CSR 233-2.010. Original rule filed Dec. 31, 1997, effective July 30, 1998. For intervening history, please consult the **Code of State Regulations**. Amended: Filed June 22, 2022.

**PUBLIC COST:** This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

**PRIVATE COST:** This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

**NOTICE TO SUBMIT COMMENTS:** Anyone may file a statement in support of or in opposition to this proposed amendment with State Committee of Marital and Family Therapists, Gloria Lindsey, Executive Director, PO Box 1335, Jefferson City, MO 65102, by faxing comments to (573) 751-0735, or by emailing comments to maritalfam@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

**T**his section will contain the final text of the rules proposed by agencies. The order of rulemaking is required to contain a citation to the legal authority upon which the order or rulemaking is based; reference to the date and page or pages where the notice of proposed rulemaking was published in the *Missouri Register*; an explanation of any change between the text of the rule as contained in the notice of proposed rulemaking and the text of the rule as finally adopted, together with the reason for any such change; and the full text of any section or subsection of the rule as adopted which has been changed from that contained in the notice of proposed rulemaking. The effective date of the rule shall be not less than thirty (30) days after the date of publication of the revision to the *Code of State Regulations*.

**T**he agency is also required to make a brief summary of the general nature and extent of comments submitted in support of or opposition to the proposed rule and a concise summary of the testimony presented at the hearing, if any, held in connection with the rulemaking, together with a concise summary of the agency's findings with respect to the merits of any such testimony or comments which are opposed in whole or in part to the proposed rule. The ninety-(90-) day period during which an agency shall file its order of rulemaking for publication in the *Missouri Register* begins either: 1) after the hearing on the proposed rulemaking is held; or 2) at the end of the time for submission of comments to the agency. During this period, the agency shall file with the secretary of state the order of rulemaking, either putting the proposed rule into effect, with or without further changes, or withdrawing the proposed rule.

**Title 1—OFFICE OF ADMINISTRATION  
Division 40—Purchasing and Materials Management  
Chapter 1—Procurement**

**ORDER OF RULEMAKING**

By the authority vested in the Commissioner of Administration under section 34.050, RSMo 2016, the commissioner amends a rule as follows:

**1 CSR 40-1.050 Procedures for Solicitation, Receipt of Bids, and Award and Administration of Contracts is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 15, 2022 (47 MoReg 549-550). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 10—DEPARTMENT OF NATURAL RESOURCES  
Division 10—Air Conservation Commission  
Chapter 6—Air Quality Standards, Definitions, Sampling and Reference Methods and Air Pollution Control  
Regulations for the Entire State of Missouri**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Air Conservation Commission

under section 643.050, RSMo 2016, the commission amends a rule as follows:

**10 CSR 10-6.210 Confidential Information is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on February 15, 2022 (47 MoReg 235-236). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Department of Natural Resources' Air Pollution Control Program received no comments on the proposed amendment.

**Title 11—DEPARTMENT OF PUBLIC SAFETY  
Division 45—Missouri Gaming Commission  
Chapter 1—Organization and Administration**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Gaming Commission under section 313.805, RSMo Supp. 2021, the commission amends a rule as follows:

**11 CSR 45-1.090 is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 1, 2022 (47 MoReg 491-493). Changes have been made to the text of the proposed amendment, so it is reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The public comment period ended May 1, 2022, and the commission held a public hearing on the proposed amendment on May 6, 2022. No one attended the public hearing, and no written comments were received. One (1) staff comment was received.

COMMENT #1: Staff recommended revising the definition of supplier to clarify that it includes persons who manufacture gaming supplies and equipment to be consistent with 11 CSR 45-4.200, which requires a supplier's license for a person who manufactures gaming supplies and equipment.

RESPONSE AND EXPLANATION OF CHANGE: Agreed and revised as recommended.

**11 CSR 45-1.090 Definitions**

(19) Definitions beginning with S—

(J) Supplier—Any independent testing laboratory or a person who manufactures, sells, or leases gaming equipment and supplies to any licensee or any person whose product connects with approved gaming devices;

**Title 11—DEPARTMENT OF PUBLIC SAFETY  
Division 45—Missouri Gaming Commission  
Chapter 5—Conduct of Gaming**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Gaming Commission under

section 313.805, RSMo Supp. 2021, the commission amends a rule as follows:

**11 CSR 45-5.184** Table Game Cards—Receipt, Storage, Inspections, and Removal from Use **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2022 (47 MoReg 306-307). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

**SUMMARY OF COMMENTS:** The public comment period ended March 31, 2022, and the commission held a public hearing on the proposed amendment on April 4, 2022. No one attended the public hearing, and no written comments were received.

**Title 11—DEPARTMENT OF PUBLIC SAFETY  
Division 45—Missouri Gaming Commission  
Chapter 5—Conduct of Gaming**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Gaming Commission under section 313.805, RSMo Supp. 2021, the commission amends a rule as follows:

**11 CSR 45-5.190** Minimum Standards for Electronic Gaming Devices **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 1, 2022 (47 MoReg 493). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

**SUMMARY OF COMMENTS:** The public comment period ended May 1, 2022, and the commission held a public hearing on the proposed amendment on May 6, 2022. No one attended the public hearing. No written comments were received.

**Title 11—DEPARTMENT OF PUBLIC SAFETY  
Division 45—Missouri Gaming Commission  
Chapter 5—Conduct of Gaming**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Gaming Commission under section 313.805, RSMo Supp. 2021, the commission amends a rule as follows:

**11 CSR 45-5.210** Integrity of Electronic Gaming Devices **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 1, 2022 (47 MoReg 493-494). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

**SUMMARY OF COMMENTS:** The public comment period ended May 1, 2022, and the commission held a public hearing on the proposed amendment on May 6, 2022. No one attended the public hear-

ing. No written comments were received.

**Title 11—DEPARTMENT OF PUBLIC SAFETY  
Division 45—Missouri Gaming Commission  
Chapter 5—Conduct of Gaming**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Gaming Commission under section 313.805, RSMo Supp. 2021, the commission adopts a rule as follows:

**11 CSR 45-5.215** Cashless, Promotional, and Bonusing Systems **is adopted.**

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on April 1, 2022 (47 MoReg 494-495). No changes have been made to the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

**SUMMARY OF COMMENTS:** The public comment period ended May 1, 2022, and the commission held a public hearing on the proposed amendment on May 6, 2022. No one attended the public hearing. One (1) written comment in support of the proposed revisions was received.

**COMMENT #1:** Chris Soriano, VP, Chief Compliance Officer of Penn National Gaming, Inc., wrote on collective behalf of Penn National Gaming, Inc., Hollywood Casino St. Louis, River City Casino and Hotel, and Argosy Casino Hotel and Spa (collectively, “Penn”) expressing their support of the Missouri Gaming Commission’s proposed new rule 11 CSR 45-5.215 – Cashless, Promotional, and Bonusing Systems. “Penn appreciates the opportunity to work with the Commission and the Commission staff from the outset to help share best practices with the Commission regarding Penn’s experience in rolling out its cashless system in other U.S. jurisdictions. Penn remains fully committed to working with the Commission and staff on the next steps in implementing this new technology in Missouri casinos. Penn firmly believes that the implementation of cashless technology in Missouri casinos will help to attract more customers, benefit the Missouri casino industry and its existing customers, and help with responsible gaming initiatives, all while sustaining the employee headcount in the industry. We appreciate the proactive steps the Commission has taken thus far to implement and regulate this important new technology.

The Penn team remains available to assist the Commission with any questions that may arise throughout the remainder of the process and looks forward to working with the Commission on the implementation of cashless wagering technology in Missouri.”

**RESPONSE:** No changes were made in response to this comment.

**Title 11—DEPARTMENT OF PUBLIC SAFETY  
Division 45—Missouri Gaming Commission  
Chapter 5—Conduct of Gaming**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Gaming Commission under section 313.805, RSMo Supp. 2021, the commission amends a rule as follows:

11 CSR 45-5.225 is amended.

A notice of proposed rulemaking containing the text of the proposed

amendment was published in the *Missouri Register* on April 1, 2022 (47 MoReg 495-496). Changes have been made to the text of the proposed amendment, so it is reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

**SUMMARY OF COMMENTS:** The public comment period ended May 1, 2022, and the commission held a public hearing on the proposed amendment on May 6, 2022. No one attended the public hearing, and no written comments were received. One (1) staff comment was received.

**COMMENT:** Staff recommends revising section (3) to remove “Gaming Laboratories International (GLI) technical standards (or their equivalent as approved by the commission) and.”

**RESPONSE AND EXPLANATION OF CHANGE:** Agreed and revised as recommended.

#### **11 CSR 45-5.225 Request for Approval of Gaming Devices and Associated Equipment and Systems**

(3) Gaming devices, associated equipment, and associated systems shall be tested and certified by a licensed independent testing laboratory (ITL) prior to submitting a request for approval as required in this rule. Gaming devices, associated equipment, and associated systems shall comply with the applicable Missouri statutes, regulations, and Minimum Internal Control Standards.

### **Title 11—DEPARTMENT OF PUBLIC SAFETY Division 45—Missouri Gaming Commission Chapter 5—Conduct of Gaming**

#### **ORDER OF RULEMAKING**

By the authority vested in the Missouri Gaming Commission under section 313.805, RSMo Supp. 2021, the commission amends a rule as follows:

#### **11 CSR 45-5.265 Dice—Receipt, Storage, Inspections, and Removal from Use is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2022 (47 MoReg 307). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

**SUMMARY OF COMMENTS:** The public comment period ended March 31, 2022, and the commission held a public hearing on the proposed amendment on April 4, 2022. No one attended the public hearing, and no written comments were received.

### **Title 11—DEPARTMENT OF PUBLIC SAFETY Division 45—Missouri Gaming Commission Chapter 9—Internal Control System**

#### **ORDER OF RULEMAKING**

By the authority vested in the Missouri Gaming Commission under section 313.805, RSMo Supp. 2021, the commission amends a rule as follows:

#### **11 CSR 45-9.104 Minimum Internal Control Standards (MICS)—Chapter D is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 1, 2022 (47 MoReg 307-309). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

**SUMMARY OF COMMENTS:** The public comment period ended March 31, 2022, and the commission held a public hearing on the proposed amendment on April 4, 2022. No one attended the public hearing, and no written comments were received.

### **Title 11—DEPARTMENT OF PUBLIC SAFETY Division 45—Missouri Gaming Commission Chapter 9—Internal Control System**

#### **ORDER OF RULEMAKING**

By the authority vested in the Missouri Gaming Commission under section 313.805, RSMo Supp. 2021, the commission amends a rule as follows:

#### **11 CSR 45-9.108 is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 1, 2022 (47 MoReg 496). Changes have been made to the text of the proposed amendment, so it is reprinted here. Changes have been made to the text of the proposed revision of the *Minimum Internal Control Standards* (MICS) as incorporated by reference in Chapter H, so those changes are explained below. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

**SUMMARY OF COMMENTS:** The public comment period ended May 1, 2022, and the commission held a public hearing on the proposed amendment on May 6, 2022. No one attended the public hearing. One (1) written comment in support of the proposed revisions was received. Two (2) staff comments were received.

**COMMENT #1:** Chris Soriano, VP, Chief Compliance Officer of Penn National Gaming, Inc., wrote on collective behalf of Penn National Gaming, Inc., Hollywood Casino St. Louis, River City Casino and Hotel, and Argosy Casino Hotel and Spa (collectively, “Penn”) expressing their support for the proposed amendments to Minimum Internal Control Standards – Chapter H. “Penn appreciates the opportunity to work with the Commission and the Commission staff from the outset to help share best practices with the Commission regarding Penn’s experience in rolling out its cashless system in other U.S. jurisdictions. Penn remains fully committed to working with the Commission and staff on the next steps in implementing this new technology in Missouri casinos. Penn firmly believes that the implementation of cashless technology in Missouri casinos will help to attract more customers, benefit the Missouri casino industry and its existing customers, and help with responsible gaming initiatives, all while sustaining the employee headcount in the industry. We appreciate the proactive steps the Commission has taken thus far to implement and regulate this important new technology.

The Penn team remains available to assist the Commission with any questions that may arise throughout the remainder of the process and looks forward to working with the Commission on the implementation of cashless wagering technology in Missouri.”

**RESPONSE:** No changes were made in response to this comment.

**COMMENT #2:** H §14.06–A staff member requested that MICS, Chapter H, §14.06 be revised to match the revisions made to H §10.11.

RESPONSE AND EXPLANATION OF CHANGE: Agreed and revised as recommended. For consistency between the two (2) standards, staff revised the last sentence of MICS, Chapter H, §14.06 as follows: “The Class B Licensee shall process found tickets, chips, and cash as unclaimed property in accordance with the “Missouri Uniform Disposition of Unclaimed Property Act,” section 447.500 et seq., RSMo, and may enter into an agreement with the State Treasurer’s Office to transfer the funds at an earlier date.”

COMMENT #3: A staff member noted that since changes are being made to the text of the proposed MICS, Chapter H, to address a comment, the date of incorporation by reference in section (1) needs to be revised to reflect the date the commission adopted the revised MICS, Chapter H.

RESPONSE AND EXPLANATION OF CHANGE: The staff concurs and revised the date of adoption accordingly.

#### **11 CSR 45-9.108 Minimum Internal Control Standards (MICS)—Chapter H**

(1) The commission has established minimum standards for internal control procedures that, in the commission’s opinion, satisfy 11 CSR 45-9.020, as set forth in *Minimum Internal Control Standards* (MICS) Chapter H—Casino Cashiering and Credit, which is incorporated by reference and made a part of this rule as adopted by the commission on May 25, 2022, and published by the Missouri Gaming Commission, 3417 Knipp Dr., PO Box 1847, Jefferson City, MO 65102, and which may be accessed at <http://www.mgc.dps.mo.gov>. Chapter H does not incorporate any subsequent amendments or additions.

#### **Title 11—DEPARTMENT OF PUBLIC SAFETY Division 45—Missouri Gaming Commission Chapter 9—Internal Control System**

##### **ORDER OF RULEMAKING**

By the authority vested in the Missouri Gaming Commission under section 313.805, RSMo Supp. 2021, the commission amends a rule as follows:

#### **11 CSR 45-9.118 Minimum Internal Control Standards (MICS)—Chapter R is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 1, 2022 (47 MoReg 496-497). No changes have been made to the text of the proposed amendment, so it is not reprinted here. No changes have been made to the text of the proposed revision of the *Minimum Internal Control Standards* (MICS) as incorporated by reference in Chapter R. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The public comment period ended May 1, 2022, and the commission held a public hearing on the proposed amendment on May 6, 2022. No one attended the public hearing. One (1) written comment in support of the proposed revisions was received.

COMMENT #1: Chris Soriano, VP, Chief Compliance Officer of Penn National Gaming, Inc., wrote on collective behalf of Penn National Gaming, Inc., Hollywood Casino St. Louis, River City Casino and Hotel, and Argosy Casino Hotel and Spa (collectively, “Penn”) expressing their support for the proposed amendments to Minimum Internal Control Standards – Chapter R. “Penn appreciates the opportunity to work with the Commission and the Commission staff from the outset to help share best practices with the Commission

regarding Penn’s experience in rolling out its cashless system in other U.S. jurisdictions. Penn remains fully committed to working with the Commission and staff on the next steps in implementing this new technology in Missouri casinos. Penn firmly believes that the implementation of cashless technology in Missouri casinos will help to attract more customers, benefit the Missouri casino industry and its existing customers, and help with responsible gaming initiatives, all while sustaining the employee headcount in the industry. We appreciate the proactive steps the Commission has taken thus far to implement and regulate this important new technology.

The Penn team remains available to assist the Commission with any questions that may arise throughout the remainder of the process and looks forward to working with the Commission on the implementation of cashless wagering technology in Missouri.”

RESPONSE: No changes were made in response to this comment.

#### **Title 11—DEPARTMENT OF PUBLIC SAFETY Division 45—Missouri Gaming Commission Chapter 9—Internal Control System**

##### **ORDER OF RULEMAKING**

By the authority vested in the Missouri Gaming Commission under section 313.805, RSMo Supp. 2021, the commission amends a rule as follows:

11 CSR 45-9.119 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 1, 2022 (47 MoReg 497-499). Changes have been made to the text of the proposed amendment, so it is reprinted here. Changes have been made to the text of the proposed revision of the *Minimum Internal Control Standards* (MICS) as incorporated by reference in Chapter S, so those changes are explained below. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The public comment period ended May 1, 2022, and the commission held a public hearing on the proposed amendment on May 6, 2022. No one attended the public hearing. One (1) written comment in support of the proposed revisions was received. Two (2) staff comments were received.

COMMENT #1: Chris Soriano, VP, Chief Compliance Officer of Penn National Gaming, Inc., wrote on collective behalf of Penn National Gaming, Inc., Hollywood Casino St. Louis, River City Casino and Hotel, and Argosy Casino Hotel and Spa (collectively, “Penn”) expressing their support for the proposed amendments to Minimum Internal Control Standards – Chapter S. “Penn appreciates the opportunity to work with the Commission and the Commission staff from the outset to help share best practices with the Commission regarding Penn’s experience in rolling out its cashless system in other U.S. jurisdictions. Penn remains fully committed to working with the Commission and staff on the next steps in implementing this new technology in Missouri casinos. Penn firmly believes that the implementation of cashless technology in Missouri casinos will help to attract more customers, benefit the Missouri casino industry and its existing customers, and help with responsible gaming initiatives, all while sustaining the employee headcount in the industry. We appreciate the proactive steps the Commission has taken thus far to implement and regulate this important new technology.

The Penn team remains available to assist the Commission with any questions that may arise throughout the remainder of the process and looks forward to working with the Commission on the implementation of cashless wagering technology in Missouri.”

RESPONSE: No changes were made in response to this comment.

COMMENT #2: S §16.01—A staff member requested that MICS, Chapter S, §16.01 be revised to describe the details required to be included in the management responses, similar to the details provided in MICS, Chapter L, §3.01.

RESPONSE AND EXPLANATION OF CHANGE: Agreed and revised as recommended. For clarity and consistency throughout the MICS, staff revised MICS, Chapter S, §16.01 as follows:

“Every third calendar year, the Class A or Class B Licensee shall employ the services of an independent third party MIS security professional to assess the security of Critical IT Systems by performing a penetration test and a vulnerability and threat analysis assessment, and evaluating the licensee’s compliance with MICS, Chapter S. Vulnerabilities receiving a critical or high severity rating from the penetration testing shall be remediated or the Class B Licensee shall establish mitigating controls within 90-days of the on-site testing. An electronic copy of the report shall be submitted to the MGC within 60 days after the conclusion of the on-site testing. The report shall include all findings and management’s responses to the findings. The management responses shall include the specific corrective action to be taken, implementation date and the employee(s) responsible for implementation and subsequent follow-up. If the exception has already been addressed, the report shall include the corrective action taken and the date the corrective action occurred.”

COMMENT #3: A staff member noted that since changes are being made to the text of the proposed MICS, Chapter S to address a comment, the date of incorporation by reference in section (1) needs to be revised to reflect the date the commission adopted the revised MICS, Chapter S.

RESPONSE AND EXPLANATION OF CHANGE: The staff concurs and revised the date of adoption accordingly.

#### **11 CSR 45-9.119 Minimum Internal Control Standards (MICS)—Chapter S**

(1) The commission has established minimum standards for internal control procedures that in the commission’s opinion satisfy 11 CSR 45-9.020, as set forth in *Minimum Internal Control Standards* (MICS) Chapter S—Management Information Systems, which is incorporated by reference and made a part of this rule as adopted by the commission on May 25, 2022, and published by the Missouri Gaming Commission, 3417 Knipp Dr., PO Box 1847, Jefferson City, MO 65102, and which may be accessed at <http://www.mgc.dps.mo.gov>. Chapter S does not incorporate any subsequent amendments or additions.

### **Title 11—DEPARTMENT OF PUBLIC SAFETY Division 45—Missouri Gaming Commission Chapter 9—Internal Control System**

#### **ORDER OF RULEMAKING**

By the authority vested in the Missouri Gaming Commission under section 313.805, RSMo Supp. 2021, the commission amends a rule as follows:

#### **11 CSR 45-9.121 Minimum Internal Control Standards (MICS)—Chapter U is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 1, 2022 (47 MoReg 500). No changes have been made to the text of the proposed amendment, so it is not reprinted here. No changes have been made to the text of the proposed revision of the *Minimum Internal Control Standards* (MICS) as incorporated by reference in Chapter R. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The public comment period ended May 1, 2022, and the commission held a public hearing on the proposed amendment on May 6, 2022. No one attended the public hearing. One (1) written comment in support of the proposed revisions was received.

COMMENT #1: Chris Soriano, VP, Chief Compliance Officer of Penn National Gaming, Inc., wrote on collective behalf of Penn National Gaming, Inc., Hollywood Casino St. Louis, River City Casino and Hotel, and Argosy Casino Hotel and Spa (collectively, “Penn”) expressing their support for the proposed amendments to Minimum Internal Control Standards – Chapter R. “Penn appreciates the opportunity to work with the Commission and the Commission staff from the outset to help share best practices with the Commission regarding Penn’s experience in rolling out its cashless system in other U.S. jurisdictions. Penn remains fully committed to working with the Commission and staff on the next steps in implementing this new technology in Missouri casinos. Penn firmly believes that the implementation of cashless technology in Missouri casinos will help to attract more customers, benefit the Missouri casino industry and its existing customers, and help with responsible gaming initiatives, all while sustaining the employee headcount in the industry. We appreciate the proactive steps the Commission has taken thus far to implement and regulate this important new technology.

The Penn team remains available to assist the Commission with any questions that may arise throughout the remainder of the process and looks forward to working with the Commission on the implementation of cashless wagering technology in Missouri.”

RESPONSE: No changes were made in response to this comment.

### **Title 20—DEPARTMENT OF COMMERCE AND INSURANCE Division 2010—Missouri State Board of Accountancy Chapter 5—Peer Review**

#### **ORDER OF RULEMAKING**

By the authority vested in the Missouri State Board of Accountancy under section 326.262, RSMo 2016, the board amends a rule as follows:

#### **20 CSR 2010-5.070 Peer Review Standards is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 1, 2022 (47 MoReg 500). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

### **Title 20—DEPARTMENT OF COMMERCE AND INSURANCE Division 2010—Missouri State Board of Accountancy Chapter 5—Peer Review**

#### **ORDER OF RULEMAKING**

By the authority vested in the Missouri State Board of Accountancy under section 326.262, RSMo 2016, the board amends a rule as follows:

#### **20 CSR 2010-5.080 Firms Subject to Peer Review Requirements is amended.**



A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 1, 2022 (47 MoReg 500-501). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF COMMERCE AND  
INSURANCE  
Division 2010—Missouri State Board of Accountancy  
Chapter 5—Peer Review**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri State Board of Accountancy under section 326.262, RSMo 2016, the board rescinds a rule as follows:

**20 CSR 2010-5.090 Peer Review Requirements for Renewal of a  
Firm Permit is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 1, 2022 (47 MoReg 501). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF COMMERCE AND  
INSURANCE  
Division 2010—Missouri State Board of Accountancy  
Chapter 5—Peer Review**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri State Board of Accountancy under section 326.262, RSMo 2016, the board amends a rule as follows:

**20 CSR 2010-5.100 Administration is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 1, 2022 (47 MoReg 501-502). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF COMMERCE AND  
INSURANCE  
Division 2010—Missouri State Board of Accountancy  
Chapter 5—Peer Review**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri State Board of Accountancy under section 326.262, RSMo 2016, the board amends a rule as follows:

**20 CSR 2010-5.110 Oversight is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 1, 2022 (47 MoReg 502). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF COMMERCE AND  
INSURANCE  
Division 2110—Missouri Dental Board  
Chapter 2—General Rules**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Dental Board under section 332.031, RSMo 2016, the board amends a rule as follows:

**20 CSR 2110-2.120 Dental Assistants is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 15, 2022 (47 MoReg 580). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF COMMERCE AND  
INSURANCE  
Division 2110—Missouri Dental Board  
Chapter 2—General Rules**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Dental Board under section 332.031, RSMo 2016, the board amends a rule as follows:

**20 CSR 2110-2.240 Continuing Dental Education is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 1, 2022 (47 MoReg 503). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF COMMERCE AND  
INSURANCE  
Division 2110—Missouri Dental Board  
Chapter 4—Sedation**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Dental Board under section 332.031, RSMo 2016, the board amends a rule as follows:

**20 CSR 2110-4.020 Moderate Sedation is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 1, 2022

(47 MoReg 503-504). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF COMMERCE AND  
INSURANCE  
Division 2210—State Board of Optometry  
Chapter 2—General Rules**

**ORDER OF RULEMAKING**

By the authority vested in the State Board of Optometry under section 336.160, RSMo Supp. 2021, the board amends a rule as follows:

**20 CSR 2210-2.030 License Renewal is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 15, 2022 (47 MoReg 580-581). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF COMMERCE AND  
INSURANCE  
Division 2230—State Board of Podiatric Medicine  
Chapter 2—General Rules**

**ORDER OF RULEMAKING**

By the authority vested in the State Board of Podiatric Medicine under section 330.140, RSMo 2016, the board amends a rule as follows:

**20 CSR 2230-2.030 Biennial License Renewal is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 1, 2022 (47 MoReg 504). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**T**his section may contain notice of hearings, correction notices, public information notices, rule action notices, statements of actual costs, and other items required to be published in the *Missouri Register* by law.

**Title 2—DEPARTMENT OF AGRICULTURE  
Division 90—Weights, Measures and Consumer  
Protection**

**FISCAL YEAR JULY 1, 2022–JUNE 30, 2023**

*PURPOSE: This proposed budget is filed in compliance with the provisions of section 323.025.10, RSMo 2016, which requires the Missouri Propane Safety Commission to prepare and submit a budget plan for public comment.*

**INCOME:**

Estimated Assessments*	\$ 607,500
Interest Income	\$ 4,500
<b>Total Income:</b>	<b>\$ 612,000</b>

**EXPENSES:**

Furnishings, Equipment, and Vehicle	
Depreciation-Amortization	\$ 19,000
Rent, Utility, and Communication Expenses	\$ 23,400
Professional and Contract Services	\$ 37,100
Operating Expenses	\$ 15,150
Personnel Expenses	\$364,000
Employee Benefits	\$ 98,716
Inspection and Meeting Expenses	\$ 71,600
Commissioner Expenses	\$ 4,800
Insurance Expenses	\$ 7,024
<b>Total Expenses:</b>	<b>\$ 640,790</b>

**NET** **\$ -28,790**

\*Assessment rate: 0.00225/gallon

*AUTHORITY: section 323.025.10, RSMo 2016.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed budget with the Missouri Propane Safety Commission, 4110 Country Club Drive, Suite 200, Jefferson City, MO 65109-0302. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**Title 10—DEPARTMENT OF NATURAL RESOURCES  
Division 25—Hazardous Waste Management Commission  
Chapter 7—Rules Applicable to Owners/Operators of  
Hazardous Waste Facilities**

**IN ADDITION**

**Permit Modifications List Available Online**

The Missouri Department of Natural Resources invites the public to review the list of completed hazardous waste permit modifications for the 2020 calendar year. The permit modification list for calendar year 2020, as well as lists from previous years, is available online at Completed Hazardous Waste Permit Modifications Calendar Year

2020 | Missouri Department of Natural Resources  
<https://dnr.mo.gov/document-search/completed-hazardous-waste-permit-modifications-calendar-year-2020>.

Businesses actively treating, storing (for longer than allowed by the hazardous waste generator regulations), or disposing hazardous waste in Missouri obtain a hazardous waste permit. These permits contain operating and closure requirements, as well as necessary post-closure, corrective action, and financial assurance requirements. The department or facility can make changes to the currently effective permit, allowing the facility to change or improve its operations, or respond to new or changed regulatory requirements. Additional information and examples of significant permit modifications in Missouri are highlighted in the EPA publication, *Permit Modifications Report: Safeguarding the Environment in the Face of Changing Business Needs*, available online at [epa.gov/hwpermitting/permit-modifications-report-safeguarding-environment-facechanging-business-needs](https://epa.gov/hwpermitting/permit-modifications-report-safeguarding-environment-facechanging-business-needs).

## Missouri Department of Revenue

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## Construction Transient Employer Listing

The following is a list of all construction contractors performing work on construction projects in Missouri who are known by the Department of Revenue to be transient employers pursuant to Section 285.230, RSMo. This list is provided as a guideline to assist public bodies with their responsibilities under this section that states, "any county, city, town, village or any other political subdivision which requires a building permit for a person to perform certain construction projects shall require a transient employer to show proof that the employer has been issued a tax clearance and has filed a financial assurance instrument as required by Section 285.230 before such entity issues a building permit to the transient employer."

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
2H&V CONSTRUCTION SERVICES LLC	PO BOX 1301		BONIFAY	FL	32425-4301
4L CONSTRUCTION INC	1718 7TH ST		ELDORA	IA	50627-2202
4MC CORPORATION	8040 JORDAN RD		OAKLEY	IL	62501-6999
4X INDUSTRIAL LLC	800 8TH AVE STE 300		GREELEY	CO	80631-1190
7B BUILDING DEVELOPMENT LLC	13105 COUNTY ROAD 1820		LUBBOCK	TX	79424-8531
A & B PROCESS SYSTEMS CORP	212700 STAINLESS AVE		STRATFORD	WI	54484-4324
A & K CONSTRUCTION SERVICES INC	100 CALLOWAY CT		PADUCAH	KY	42001-9035
A AND M COMMUNICATION LLC	PO BOX 175		BORING	OR	97009-0175
A AND M ENGINEERING AND ENVIRONMENTAL SERVICES INC	10010 E 16TH ST		TULSA	OK	74128-4611
A EPSTEIN & SONS INTERNATIONAL INC	600 W FULTON ST STE 800		CHICAGO	IL	60661-1254
A I INTERNATIONAL INC	8055A NATIONAL TPKE		LOUISVILLE	KY	40214-5201
ABSOLUTE CONSTRUCTION INC	954 KENNEDY AVE		SCHERERVILLE	IN	46375-7100

Missouri Department of Revenue

Run Date : 7/1/2022 6:00:51 AM

Taxation Division

EI0130

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Construction Transient Employer Listing

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
ACADEMY ROOFING & SHEET METAL OF THE MIDWEST INC	6361 NE 14TH ST		DES MOINES	IA	50313-1212
ACCESS LIMITED CONSTRUCTION COMPANY	1102 PIKE LN		OCEANO	CA	93445-9403
ACCESS RIGGING LLC	514 ANCLOTE RD		TARPON SPGS	FL	34689-6701
ACE AIR CONDITIONING INC	2985 ENTERPRISE RD STE A		DEBARY	FL	32713-2710
ACE AVANT CONCRETE CONSTRUCTION CO INC	PO BOX 14006		ARCHDALE	NC	27263-7006
ACE SIGN COMPANY	2540 S 1ST ST		SPRINGFIELD	IL	62704-4700
ACME ENTERPRISES INC	15751 MARTIN RD		ROSEVILLE	MI	48066-2313
ACRONYM MEDIA INC	350 5TH AVE STE 6500		NEW YORK	NY	10118-6500
ADVANCE ELECTRIC INC	353 N INDIANA AVE		WICHITA	KS	67214-4034
ADVANCED PROJECT SOLUTIONS LLC	PO BOX 1116		SPEARFISH	SD	57783-7116
ADVANCED WORKZONE SERVICES	PO BOX 1569		MUSKOGEE	OK	74402-1569
AE MFG INC	6468 N YALE AVE		TULSA	OK	74117-2411
AES MECHANICAL SERVICES GROUP INC	PO BOX 780115		TALLASSEE	AL	36078-0014
AG PROPERTY SOLUTIONS	3826 460TH AVE		EMMETSBURG	IA	50536-8582
AH BECK FOUNDATION CO INC	9014 GREEN RD		CONVERSE	TX	78109-3356
AHRS CONSTRUCTION INC	533 RAILROAD ST		BERN	KS	66408-8006
AISLE SAVERS INC	PO BOX 103		PINE BUSH	NY	12566-0103
ALDRIDGE ELECTRIC INC	844 E ROCKLAND RD		LIBERTYVILLE	IL	60048-3358

**Missouri Department of Revenue**

Run Date : 7/1/2022 6:00:51 AM

**Taxation Division****EI0130**

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**Construction Transient Employer Listing**

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
ALL AMERICAN SCAFFOLD LLC	2607 N GRANDVIEW BLVD	SUITE 130	WAUKESHA	WI	53188
ALL AMERICAN TRACK INC	PO BOX 186		ASH FORK	AZ	86320-0186
ALL PURPOSE ERECTORS INC	1112 STARLIFTER DR		LEBANON	IL	62254-2724
ALL SERVICE CONTRACTING CORP	2024 E DAMON AVE		DECATUR	IL	62526-4749
ALLIANCE GLAZING TECHNOLOGIES INC.	646 FORESTWOOD DR		ROMEOVILLE	IL	60446-1378
ALLIANCE RETAIL CONSTRUCTION INC	6000 CLARK CENTER AVE		SARASOTA	FL	34238-2716
ALLIED CORROSION INDUSTRIES INC	1550 COBB INDUSTRIAL DR		MARIETTA	GA	30066-6625
ALSTON CONSTRUCTION COMPANY INC	8775 FOLSOM BLVD STE 201		SACRAMENTO	CA	95826-3725
ALTERED GROUNDS OUTDOOR SERVICES LLC	4937 REDWOOD LN		GRANITE CITY	IL	62040-2651
AMC INSPECTION & LOCATORS LLC	PO BOX 592		BEEBE	AR	72012-0592
AMERICA 9 CONSTRUCTION LLC	19015A WILKS DR		CYPRESS	TX	77433-4348
AMERICAN BRIDGE COMPANY	1000 AMERICAN BRIDGE WAY		CORAOPOLIS	PA	15108-1266
AMERICAN CIVIL CONSTRUCTORS WEST COAST LLC	6325 DIGITAL WAY STE 460		INDIANAPOLIS	IN	46278-1679
AMERICAN HYDRO CORPORATION	PO BOX 3628		YORK	PA	17402-0136
AMERICAN LIFT & SIGN SERVICE COMPANY	6958 N 97TH CIR		OMAHA	NE	68122-1060

Missouri Department of Revenue

Run Date : 7/1/2022 6:00:51 AM

Taxation Division

EI0130

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Construction Transient Employer Listing

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
AMERICAN ROOFING	2500 S 2ND ST		LEAVENWORTH	KS	66048-4542
AMERICAN SEALANTS INC	2483 RIVERSIDE PKWY		GRAND JCT	CO	81505-1319
AMERICOM WEST INC	2910 WATERS RD STE 170		EAGAN	MN	55121-1587
AMES CONSTRUCTION INC	2500 COUNTY ROAD 42 W		BURNSVILLE	MN	55337-6911
ANCHOR SIGN INC	PO BOX 22737		CHARLESTON	SC	29413-2737
ANDRITZ HYDRO CORP.	10735 DAVID TAYLOR DR STE 500		CHARLOTTE	NC	28262-1289
ANTIGO CONSTRUCTION INC	2520 CLERMONT ST		ANTIGO	WI	54409-2931
AP FABRICATIONS LLC	801 E 2ND ST		STUTTGART	AR	72160-3836
AP PROFESSIONALS OF PHOENIX LLC	350 LINDEN OAKS		ROCHESTER	NY	14625-2807
APPLE ELECTRIC INTEGRATED SOLUTIONS INC	PO BOX 998		LOUISBURG	KS	66053-0998
APPLIED POLYMERICS INC	131 SAINT JAMES WAY		MOUNT AIRY	NC	27030-6068
ARACKNID WAREHOUSING SERVICES INC	22913 JUDITH DR		PLAINFIELD	IL	60586-9652
ARACREBS1 LLC	PO BOX 1670		SPRINGDALE	AR	72765-1670
ARCHER WESTERN CONTRACTORS LLC	PAYROLL 929 W ADAMS ST		CHICAGO	IL	60607
ARCHON CONSTRUCTION CO. INC.	563 S ROUTE 53		ADDISON	IL	60101-4236
ARCHVIEW CONTRACTING LLC	3130 GRAVOIS AVE		SAINT LOUIS	MO	63118-2128
ARCHWALL LLC	PO BOX 38		STRAWBERRY PT	IA	52076-0038
ARENA PRODUCTS AND SERVICES LLC	PO BOX 2230		ELIZABETH	CO	80107-2230

## Missouri Department of Revenue

Run Date : 7/1/2022 6:00:51 AM

## Taxation Division

EI0130

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## Construction Transient Employer Listing

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
ARISTEO INSTALLATION LLC	12811 FARMINGTON RD		LIVONIA	MI	48150-1607
ARNDT ENTERPRISES INC	2579 195TH ST		DE WITT	IA	52742-9114
ARVOS LJUNGSTROM LLC	3020 TRUAX RD		WELLSVILLE	NY	14895-9531
ASA CARLTON INC	100 HIGHPOINT PARK WAY		BRASELTON	GA	30517-3326
ASPEN DESIGN INC	9645 LINCOLNWAY LN STE 201		FRANKFORT	IL	60423-1884
ASPHALT STONE COMPANY	PO BOX 1060		JACKSONVILLE	IL	62651-1060
ASSOCIATED FIRE PROTECTION	4905 S 97TH ST		OMAHA	NE	68127-2202
ATLANTIC TRACK RUNWAY SERVICES LLC	2903 ARKANSAS BLVD		TEXARKANA	AR	71854-2535
ATLAS LAND CONSULTING LLC	606 JEFFERSON HILLS CT		LAWRENCE	KS	66044-8277
ATLAS TRENCHLESS LLC	PO BOX 488		ROCKVILLE	MN	56369-0488
ATWOOD ELECTRIC INC	PO BOX 311		SIGOURNEY	IA	52591-0311
AYARS & AYARS INC	2436 N 48TH ST		LINCOLN	NE	68504-3627
B T GROUP HOLDINGS INC	1717 S BOULDER AVE STE 300		TULSA	OK	74119-4843
B & S STEEL CO. LLC	1604 S AVE		MORNING SUN	IA	52640-9698
B D WELCH CONSTRUCTION LLC	120 INDUSTRIAL STATION RD		STEELE	AL	35987-0017
BABCOCK SDV LLC	33819 21ST RD		ARKANSAS CITY	KS	67005-5456
BACON FARMER WORKMAN ENGINEERING & TESTING INC	500 S 17TH ST		PADUCAH	KY	42003-2819
BAILEY CONSTRUCTION AND CONSULTING LLC	2200 N RODNEY PARHAM RD STE 206		LITTLE ROCK	AR	72212-4155



Missouri Department of Revenue

Run Date : 7/1/2022 6:00:51 AM

Taxation Division

EI0130

Show Secretary of State Cover: Yes

Construction Transient Employer Listing

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
BAJA CONSTRUCTION CO INC	223 FOSTER ST		MARTINEZ	CA	94553-1029
BARKER CONTRACTING INC.	2127 E SPEEDWAY BLVD STE 101		TUCSON	AZ	85719-4751
BARLOVENTO LLC	431 TECHNOLOGY DR		DOTHAN	AL	36303-1247
BARRIER TECHNOLOGIES LLC	8245 NIEMAN RD		LENEXA	KS	66214-1508
BARTON ELECTRIC CONTRACTING INC	247 STATE ROUTE 160		TRENTON	IL	62293-4667
BASLER ELECTRIC COMPANY	12570 STATE ROUTE 143		HIGHLAND	IL	62249-1074
BAUER DESIGN BUILD LLC	14030 21ST AVE N		PLYMOUTH	MN	55447-4686
BAZIN SAWING & DRILLING LLC	30790 SWITZER RD		LOUISBURG	KS	66053-5903
BCI ELECTRICAL INC	PO BOX 546		GARDNER	KS	66030-0546
BEAM TEAM CONSTRUCTION INC	1350 BLUEGRASS LAKES PKWY		ALPHARETTA	GA	30004-3395
BECHTEL CONSTRUCTION INC	41 BRANGENBERG HOLLOW RD		KAMPSVILLE	IL	62053-4464
BEELEER COMPANY INC	N56W16758 RIDGEWOOD DR		MENOMONEE FLS	WI	53051-5657
BEL O COOLING & HEATING INC	8478 US HIGHWAY 50		LEBANON	IL	62254-2524
BELL CONSTRUCTION COMPANY INC.	PO BOX 9041		NORTH LITTLE ROCK	AR	72119-9041
BERRY BROS GENERAL CONTRACTORS INC	PO BOX 253		BERWICK	LA	70342-0253
BETTIS ASPHALT & CONSTRUCTION INC	PO BOX 1694		TOPEKA	KS	66601-1694

**Missouri Department of Revenue**

Run Date : 7/1/2022 6:00:51 AM

**Taxation Division****EI0130**

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**Construction Transient Employer Listing**

<b>Contractor Name</b>	<b>Street Address</b>	<b>Street Address 2</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
BETWEEN THE LINES CONSTRUCTION LLC	121 E MYRTLE ST		TROY	KS	66087-5258
BEUMER CORPORATION	800 APGAR DR		SOMERSET	NJ	08873-1152
BIERMAN CONTRACTING INC	PO BOX 1887		COLUMBUS	NE	68602-1887
BIG RED FIRE PROTECTION LLC	2344 S 156TH CIR		OMAHA	NE	68130-2511
BILLY W JARRETT CONSTRUCTION COMPANY INC	905 S PERRY ST STE 101		MONTGOMERY	AL	36104-5021
BIRDAIR INC	6461 MAIN ST		WILLIAMSVILLE	NY	14221-5837
BLAHNIK CONSTRUCTION COMPANY	150 50TH AVENUE DR SW		CEDAR RAPIDS	IA	52404-5038
BLATTNER ENERGY LLC	392 COUNTY ROAD 50		AVON	MN	56310-8684
BLCKLN CORPORATION	1902 15TH ST STE 101		GULFPORT	MS	39501-2111
BLD SERVICES LLC	2424 TYLER ST		KENNER	LA	70062-4845
BLUE SKY CONSTRUCTION OF IDAHO LLC	2365 E COLUMBIA RD		MERIDIAN	ID	83642-7211
BLUESTONE LLC	220 N SMITH ST STE 420		PALATINE	IL	60067-2477
BLUEWATER CONSTRUCTORS INC	PO BOX 55482		HOUSTON	TX	77255-5482
BLUNIER BUILDERS INC	1230 US HIGHWAY 24		EUREKA	IL	61530-9448
BLUSKY RESTORATION CONTRACTORS LLC	9767 E EASTER AVE		CENTENNIAL	CO	80112-3747
BOB BERGKAMP CONSTRUCTION CO INC	3709 S WEST ST		WICHITA	KS	67217-3898
BOB FLORENCE CONTRACTOR INC	PO BOX 5258		TOPEKA	KS	66605-0258

Missouri Department of Revenue

Run Date : 7/1/2022 6:00:51 AM

Taxation Division

EI0130

Show Secretary of State Cover: Yes

Construction Transient Employer Listing

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
BOCO CONTRACTING & CONSTRUCTION LLC	PO BOX 638		BRIGHTON	IL	62012-0638
BODINE ELECTRIC OF DECATUR	PO BOX 976		DECATUR	IL	62525-1810
BORTON CONSTRUCTION INC	2 COPELAND AVE STE 201		LA CROSSE	WI	54603-3419
BORTON LC	PO BOX 2108		HUTCHINSON	KS	67504-2108
BOUMA CONSTRUCTION INC	4101 ROGER B CHAFFEE MEM DR SE		GRAND RAPIDS	MI	49548-3443
BRADSHAW CONSTRUCTION CORPORATION MARYLAND	175 W LIBERTY RD		ELDERSBURG	MD	21784-9381
BRAMSON HOUSE INC	151 ALBANY AVE		FREEPORT	NY	11520-4710
BRANCH BUILDING GROUP LLC	813 COLUMBIA AVE STE B		FRANKLIN	TN	37064-8222
BRANTLEY CONSTRUCTION LLC	7227 W 162ND TER		STILWELL	KS	66085-8238
BRETT FRITZEL BUILDERS INC	2201 MALLARD CIR		EUDORA	KS	66025-2101
BRETT THOMSON	PO BOX 281		WINFIELD	KS	67156-0281
BREWSTER COMPANIES INC	6321 E MAIN ST		MARYVILLE	IL	62062-2014
BROADBAND AMERICA CORP	PO BOX 69		VICTORIA	MN	55386-0069
BROCK SERVICES LLC	PO BOX 306		BEAUMONT	TX	77704-0306
BROOKS DIRECTIONAL DRILLING LLC	24531 102ND DR		BURDEN	KS	67019-9202
BROOKS ELECTRICAL	1107 N 1712 RD		LAWRENCE	KS	66049-9714
BROWN TANK LLC	6995 55TH ST N STE A		SAINT PAUL	MN	55128-1726

**Missouri Department of Revenue**

Run Date : 7/1/2022 6:00:51 AM

Taxation Division

**EI0130**

Show Secretary of State Cover: Yes

**Construction Transient Employer Listing**

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
BRUCE CONCRETE CONSTRUCTION INCORPORATED	4401 STATE ROUTE 162		GRANITE CITY	IL	62040-6412
BRUNAUGH CONSTRUCTION AND DESIGN LLC	PO BOX 394		ALTON	IL	62002-0394
BRYAN-OHLMEIER CONST INC	911 N PEARL ST		PAOLA	KS	66071-1139
BUEHNER CONSTRUCTION INC	3158 S MAIN ST		SALT LAKE CTY	UT	84115-3750
BUFFALO GAP INSTRUMENTATION & ELECTRICAL COMPANY I	2532 AYMOND ST		EUNICE	LA	70535-6843
BUILT RIGHT CONSTRUCTION OF OKLAHOMA LLC	PO BOX 366		SAVANNA	OK	74565-0366
BULLEY & ANDREWS MASONRY RESTORATION LLC	1755 W ARMITAGE AVE		CHICAGO	IL	60622-1189
BUTT CONSTRUCTION COMPANY INCORPORATED	PO BOX 31306		DAYTON	OH	45437-0306
CADY AQUASTORE	383 IL HWY 92		TAMPICO	IL	61283
CAM DEVELOPMENT GROUP INC	1891 OLD GRANART RD STE A		SUGAR GROVE	IL	60554-9428
CANNON UTILITY SERVICES LLC	1320 E STATE ROUTE 15		BELLEVILLE	IL	62220-4803
CAPITOL CONSTRUCTION MANAGEMENT INC	PO BOX 2227		LOWELL	AR	72745-2185
CAPITOL CONSTRUCTION SERVICES OF INDIANA INC	11051 VILLAGE SQUARE LN		FISHERS	IN	46038-4552
CARBON ACTIVATED CORPORATION	2250 S CENTRAL AVE		COMPTON	CA	90220-5311

**Missouri Department of Revenue**

Run Date : 7/1/2022 6:00:51 AM

**Taxation Division**

**EI0130**

Show Secretary of State Cover: Yes

**Construction Transient Employer Listing**

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
CARDINAL INTERNATIONAL GROOVING & GRINDING LLC	PO BOX 450		CONSHOHOCKEN	PA	19428-0450
CARPORT STRUCTURES CORPORATION	1825 METAMORA RD		OXFORD	MI	48371-2419
CARSTENSEN CONTRACTING INC	800 QUARTZITE ST		DELL RAPIDS	SD	57022-1818
CAS CONSTRUCTORS LLC	3500 SW FAIRLAWN RD STE 200		TOPEKA	KS	66614-3979
CASH DEPOT LIMITED WISCONSIN	1740 COFRIN DR STE 2		GREEN BAY	WI	54302-2086
CATALYST AIR MANAGEMENT INC	2505 BYINGTON SOLWAY RD		KNOXVILLE	TN	37931-3854
CB INDUSTRIES INC	17250 NEW LENOX RD		JOLIET	IL	60433-9758
CB RECOVERY GROUP INC	1821 WALDEN OFFICE SQ STE 395		SCHAUMBURG	IL	60173-4285
CCC GROUP INC	PO BOX 200350		SAN ANTONIO	TX	78220-0350
CELLSITE SOLUTIONS LLC	4150 C ST SW		CEDAR RAPIDS	IA	52404-7451
CEMROCK LANDSCAPES INC	4790 S JULIAN AVE		TUCSON	AZ	85714-2123
CENTRAL BUILDING & PRESERVATION LP	1071 W FRY ST		CHICAGO	IL	60642-5422
CENTRAL PLAINS ELECTRIC LLC	PO BOX 322		BROOKLAND	AR	72417-0322
CENTRIC SECURITY & AUTOMATION INC	1 REGENCY PLAZA DR STE 300		COLLINSVILLE	IL	62234-6127
CERAM ENVIRONMENTAL INC	7304 W 130TH ST STE 140		OVERLAND PARK	KS	66213-2644
CFE INC	35 INDUSTRIAL PARK BLVD	BOX 1255	ELMIRA	NY	14901-1723
CHAPMAN CANOPY INC	PO BOX 3527		HUEYTOWN	AL	35023-0527

## Missouri Department of Revenue

Run Date : 7/1/2022 6:00:51 AM

## Taxation Division

EI0130

Show Secretary of State Cover: Yes

## Construction Transient Employer Listing

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
CHARLES F EVANS CO INC	PO BOX 228		ELMIRA	NY	14902-0228
CHARPS LLC	453 TOWER ST NW		CLEARBROOK	MN	56634-4289
CHATTANOOGA BOILER & TANK CO INC	1011 E MAIN STREET		CHATTANOOGA	TN	37408
CHEMPRO SERVICES INC	3311 GULF BREEZE PKWY # 350		GULF BREEZE	FL	32563-3351
CHERNE CONTRACTING CORPORATION	3555 FARNAM ST		OMAHA	NE	68131-3311
C-HILL CIVIL CONTRACTORS INC	PO BOX 58		CAMPBELL HILL	IL	62916-0058
CHOATE CONSTRUCTION COMPANY	8200 ROBERTS DR STE 600		ATLANTA	GA	30350-4148
CJ DRILLING INC	19N041 GALLIGAN RD		DUNDEE	IL	60118-9536
CJR BUILDERS INC	650 N ROSE DR # 154		PLACENTIA	CA	92870-7513
CL CONSTRUCTION LLC	1927 COUNTY ROAD I		WAHOO	NE	68066-4074
CLASSIC INDUSTRIAL SERVICES INC	456 HIGHLANDIA DR		BATON ROUGE	LA	70810-5906
CLASSIC PROTECTIVE COATINGS INC	N7670 STATE RD 25		MENOMONIE	WI	54751
CLOVER CONSTRUCTION MANAGEMENT WEST CORP	348 HARRIS HILL RD		WILLIAMSVILLE	NY	14221-7407
CLOVERLEAF INC.	36561 OSAWATOMIE RD		OSAWATOMIE	KS	66064-4144
CMC ELECTRIC INC	PO BOX 938		MARYVILLE	IL	62062-0938
COACH HOUSE INC	PO BOX 320		ARTHUR	IL	61911
COASTAL ENVIRONMENTAL GROUP INC	7 POLICE PLZ		POTOSI	MO	63664-1877
CODE USA LP	19785 W 12 MILE RD # 335		SOUTHFIELD	MI	48076-2584

Missouri Department of Revenue

Run Date : 7/1/2022 6:00:51 AM

Taxation Division

EI0130

Show Secretary of State Cover: Yes

Construction Transient Employer Listing

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
COLCON INDUSTRIES CORPORATION	PO BOX 647		SULLIVAN	IL	61951-0647
COLUMBIA CONSTRUCTION INC	PO BOX 445		SPRING HILL	KS	66083-0445
COMBES CONSTRUCTION LLC	6925 W 206TH ST UNIT C		BUCYRUS	KS	66013-9347
COMMERCE CONSTRUCTION INC	695 N 40TH ST		SPRINGDALE	AR	72762-0602
COMMONWEALTH ELECTRIC COMPANY OF THE MIDWEST	3910 SOUTH ST		LINCOLN	NE	68506-5220
CONCO SERVICES CORPORATION	135 SYLVAN ST		VERONA	PA	15147-1032
CONCORD TANK CORPORATION	PO BOX 5207		CONCORD	NC	28027-1503
CONCRETE ERECTORS INC.	2139 W STATE ROAD 434 STE 101		LONGWOOD	FL	32779-5019
CONCRETE EXPRESSIONS LLC	291 E GLENN MILLER DR		CLARINDA	IA	51632-2736
CONCRETE SYSTEMS COMPANY LLC	121 EDWARDS DR		JACKSON	TN	38301-7716
CONLEY SITEWORK & UTILITIES INC	PO BOX 715		EUDORA	KS	66025-0715
CONNECTED TECHNOLOGIES LLC	PO BOX 1983		ATHENS	GA	30603-1983
CONSOLIDATED CONSTRUCTION OF MO CO INC	4300 N RICHMOND ST		APPLETON	WI	54913-9704
CONSTRUCTION AHEAD EXTERIORS INC	1659 N LANCASTER RD		SOUTH ELGIN	IL	60177-2703
CONSTRUCTION ENTERPRISES INC	2179 EDWARD CURD LN STE 100		FRANKLIN	TN	37067-5789

**Missouri Department of Revenue**

Run Date : 7/1/2022 6:00:51 AM

**Taxation Division****EI0130**

Show Secretary of State Cover: Yes

**Construction Transient Employer Listing**

<b>Contractor Name</b>	<b>Street Address</b>	<b>Street Address 2</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
CONSTRUCTION ONE INC	101 E TOWN ST STE 401		COLUMBUS	OH	43215-5247
CONTEGRA SERVICES LLC	22 GTWAY COMM CTR W 110		EDWARDSVILLE	IL	62025
CONTINENTAL CONSTRUCTION COMPANY OF TENN	5646 SHELBY OAKS DR		MEMPHIS	TN	38134-7315
CONTINENTAL POOLS INC	404 W WILSON ST		OTTAWA	KS	66067-1900
CONTOUR FABRICATION & MECHANICAL INC	PO BOX 4406		EVANSVILLE	IN	47724-0406
CONTRACTOR SOLUTION GROUP LLC	670 WHITE RD STE A		SPRINGDALE	AR	72762-3027
CONWAY PHILLIPS HOLDING LLC	13A TALBOT AVE		BRADDOCK	PA	15104-1113
COOPER RAIL SERVICE INC	PO BOX 199		HUNTINGBURG	IN	47542-0199
COOPERS STEEL FABRICATORS	PO BOX 149		SHELBYVILLE	TN	37162-0149
CORNERSTONE FCE SERVICES LLC	8811 TEEL PKWY UNIT 6074		FRISCO	TX	75035-4258
CORNHUSKER INSULATION LLC	2201 RIVER ROAD DR		WATERLOO	NE	68069-3407
CORRECTIVE ASPHALT MATERIALS LLC	PO BOX 87129		SOUTH ROXANA	IL	62087-7129
CORROTEC INC	1125 W NORTH ST		SPRINGFIELD	OH	45504-2713
CORYELL ROOFING & CONSTRUCTION INC.	14220 S MERIDIAN AVE		OKLAHOMA CITY	OK	73173-8807
COTTON COMMERCIAL USA INC	5443 KATY HOCKLEY CUT OFF RD		KATY	TX	77493-7008
COUNTY CONTRACTORS INC	PO BOX 3522		QUINCY	IL	62305-3522



Missouri Department of Revenue

Run Date : 7/1/2022 6:00:51 AM

Taxation Division

EI0130

Show Secretary of State Cover: Yes

Construction Transient Employer Listing

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
COWIN & CO INC MINING ENGINEERS AND CONTRACTORS	PO BOX 19009		BIRMINGHAM	AL	35219-9009
CRAMER AND ASSOCIATES INC	3100 SW BROOKSIDE DR		GRIMES	IA	50111-4977
CREEK ELECTRIC INCORPORATED	2811 W PAWNEE ST		WICHITA	KS	67213-1819
CRESCENT CITY AMUSEMENTS LLC	1527 GAUSE BLVD # 300		SLIDELL	LA	70458-2244
CROOKHAM CONSTRUCTION LLC	PO BOX 339		TONGANOXIE	KS	66086-0339
CROWDERGULF LLC	5629 COMMERCE BLVD E		MOBILE	AL	36619-9225
CROWN CORR INC	7100 W 21ST AVE		GARY	IN	46406-2499
CSD ENVIRONMENTAL SERVICES INC	2220 YALE BLVD		SPRINGFIELD	IL	62703-3516
CURRENT ELECTRICAL CO INC	3811 SW SOUTH PARK AVE		TOPEKA	KS	66609-1482
CUSTOM MECHANICAL LLC	9413 LEBANON RD		LEBANON	IL	62254-3007
CUSTOM POOL LLC	32 HOWARD DR		BELLEVILLE	IL	62223-4016
CWPMO INC	1682 LANGLEY AVE		IRVINE	CA	92614-5620
D & D INDUSTRIAL CONTRACTING INC	101 MULLEN DR		WALTON	KY	41094-9607
D & L EXCAVATING INC	1958 HIGHWAY 104		LIBERTY	IL	62347-2141
D AND R HEATING AND AIR INC	1943 LEE LN		CENTRALIA	IL	62801-8756
D5 IRON WORKS INC	18000 JEFFERSON ST		UNION	IL	60180-9440
DADE CONSTRUCTION LLC	PO BOX 4090		KANSAS CITY	KS	66104-0090
DATA CLEAN CORPORATION	1033 GRACELAND AVE		DES PLAINES	IL	60016-6511

**Missouri Department of Revenue**

Run Date : 7/1/2022 6:00:51 AM

**Taxation Division****EI0130**

Show Secretary of State Cover: Yes

**Construction Transient Employer Listing**

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
DAVACO LP	4050 VALLEY VIEW LANE	STE 150	IRVING	TX	75038
DAVIS CONSTRUCTION	2143 NE HIGHWAY 7		COLUMBUS	KS	66725-2093
DBK CONSTRUCTION AND SERVICE SOLUTIONS INC	398 S SHELL RD		DEBARY	FL	32713-1822
DEAN SNYDER CONSTRUCTION CO	PO BOX 181		CLEAR LAKE	IA	50428-0181
DECKER CONSTRUCTION INC	PO BOX 254		COFFEYVILLE	KS	67337-0254
DECKER ELECTRIC INC	4500 W HARRY ST		WICHITA	KS	67209-2736
DEFINITIVE HOME AND DESIGN INCORPORATED	1820 ORR LN		O FALLON	IL	62269-6220
DEJAGER CONSTRUCTION INC	75 60TH ST SW		WYOMING	MI	49548-5771
DELAWARE ELEVATOR INC	2210 ALLEN DR		SALISBURY	MD	21801-8059
DELTA CONCRETE AND INDUSTRIAL CONTRACTING INC	51825 GRATIOT AVE		CHESTERFIELD	MI	48051-2014
DENHAM BLYTHE COMPANY INC	PO BOX 11636		LEXINGTON	KY	40576-1636
DENISON DRYWALL CONTRACTING INC	PO BOX 453		DENISON	IA	51442-0453
DF CHASE INC	3001 ARMORY DR STE 200		NASHVILLE	TN	37204-3711
DIAMOND CONSTRUCTION COMPANY	2000 N 18TH ST		QUINCY	IL	62301-1435
DIECKER-TERRY MASONRY INC	11327 EIFF RD		MARISSA	IL	62257-1409
DIGI SECURITY SYSTEMS LLC	PO BOX 470708		TULSA	OK	74147-0708

Missouri Department of Revenue

Run Date : 7/1/2022 6:00:51 AM

Taxation Division

EI0130

Show Secretary of State Cover: Yes

Construction Transient Employer Listing

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
DIVERSIFIED TRACK WORKS LLC	17671 US HIGHWAY 6		GENESEO	IL	61254-8620
DL SMITH ELECTRICAL CONSTRUCTION INC	1405 SW 41ST ST		TOPEKA	KS	66609-1295
DM2 LLC	1209 COUNTY HIGHWAY J23		CLEARFIELD	IA	50840-8814
DMS RETAIL INTERIORS INC	120 S OLIVE AVE STE 601		WEST PALM BEACH	FL	33401-5535
DN TANKS OF MISSOURI LLC	11 TEAL RD		WAKEFIELD	MA	01880-1223
DNP PLUMBING SERVICES INC	9384 SCHAEFER RD		STAUNTON	IL	62088-2536
DON ERBERT LLC	220 N HOLIDAY LN		IOLA	KS	66749-1522
DON JULIAN BUILDERS INC	15521 W 110TH ST		LENEXA	KS	66219-1317
DONALD FITZGERALD	PO BOX 817		MANSON	IA	50563-0817
DORMARK CONSTRUCTION CO	PO BOX 530		GRIMES	IA	50111-0530
DOSTER CONSTRUCTION COMPANY INC	2100 INTERNATIONAL PARK DR		BIRMINGHAM	AL	35243-4209
DOTSON ELECTRIC COMPANY INC	551 CAL BATSEL RD		BOWLING GREEN	KY	42104-8520
DRC EMERGENCY SERVICES LLC	PO BOX 17017		GALVESTON	TX	77552-7017
DRILLED SHAFT CO	4119 SW SOUTHGATE DR		TOPEKA	KS	66609-1227
DS ELECTRIC LLC	5336 KNOX ST		MERRIAM	KS	66203-2066
DTLS INCORPORATED	PO BOX 1615		BERNALILLO	NM	87004-1615
DUBUQUE BARGE AND FLEETING SERVICE COMPANY	5 JONES ST		DUBUQUE	IA	52001-7674
DUERSON INC	601 1ST AVE N		ALTOONA	IA	50009-1431

**Missouri Department of Revenue**

Run Date : 7/1/2022 6:00:51 AM

**Taxation Division****EI0130**

Show Secretary of State Cover: Yes

**Construction Transient Employer Listing**

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
DUININCK INC	PO BOX 208		PRINSBURG	MN	56281-0208
DUN TRANSPORTATION & STRINGING INC	304 REYNOLDS LN		SHERMAN	TX	75092-6839
DUNK FIRE & SECURITY INC	3446 WAGON WHEEL RD		SPRINGDALE	AR	72762-0115
DYKON BLASTING CORP	8120 W 81ST ST		TULSA	OK	74131-2876
DZI CONSTRUCTION INC	9675 NORTHWEST CT		CLARKSTON	MI	48346-1744
E80 PLUS CONSTRUCTORS LLC	7120 PATTON RD		DEFOREST	WI	53532-1836
EBERHART SIGN & LIGHTING CO	104 1ST AVE		EDWARDSVILLE	IL	62025-2574
EBERT CONSTRUCTION CO INC	PO BOX 198		WAMEGO	KS	66547-0198
EBM CONSTRUCTION INC	1014 SHERWOOD RD		NORFOLK	NE	68701-9060
ECKINGER CONSTRUCTION COMPANY	2340 SHEPLER CHURCH AVE SW		CANTON	OH	44706-3093
EDNA LUMBER CO INC	PO BOX 820		EDNA	TX	77957-0820
EGI MECHANICAL INC.	1000 E PEARL ST		SEYMOUR	WI	54165-9718
ELECTRA LINK INC	21755 INTERSTATE 45 BLDG 10		SPRING	TX	77388-3621
ELECTRICAL BUILDERS INC	2720 1 1/2 ST S		SAINT CLOUD	MN	56301-3805
ELECTRICO INC	7706 WAGNER RD		MILLSTADT	IL	62260-2910
ELECTRICOMM INC	PO BOX 8324		TOPEKA	KS	66608-0324
ELEVATOR SAFETY INSPECTION SERVICES INC	415 N MCKINLEY ST STE 685		LITTLE ROCK	AR	72205-3010
ELLIOTT ELECTRICAL INC	22095 INTERSTATE 30 S		BRYANT	AR	72022-8581
ELLSWORTH ELECTRIC INC	4425 N HIGHWAY 81		DUNCAN	OK	73533-8950

Missouri Department of Revenue

Run Date : 7/1/2022 6:00:51 AM

Taxation Division

EI0130

Show Secretary of State Cover: Yes

Construction Transient Employer Listing

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
EMBREE CONSTRUCTION GROUP INC OF TEXAS	4747 WILLIAMS DR		GEORGETOWN	TX	78633-3799
EMCO CHEMICAL DISTRIBUTORS INC	8601 95TH ST		PLEASANT PR	WI	53158-2205
EMERALD TRANSFORMER PPM LLC	PO BOX 3070		MCKINNEY	TX	75070-8182
EMJ CORPORATION	2034 HAMILTON PLACE BLVD STE 400		CHATTANOOGA	TN	37421-6102
ENCOMPASS IDBO LLC	10551 BARKLEY ST STE 502		OVERLAND PARK	KS	66212-1820
ENERGY ERECTORS INC	31588 PROGRESS RD		LEESBURG	FL	34748-8781
ENERTECH RESOURCES LLC	1820 WATSON LN E		NEW BRAUNFELS	TX	78130-7272
ENGELKE CONSTRUCTION SOLUTIONS LLC	2927 NATIONWIDE PKWY		BRUNSWICK	OH	44212-2365
ENGINEERED FLUID INC	PO BOX 723		CENTRALIA	IL	62801-9111
ENGINEERED STRUCTURES INC	3330 E LOUISE DR STE 300		MERIDIAN	ID	83642-5123
ENGLEWOOD CONSTRUCTION INC	80 MAIN ST		LEMONT	IL	60439-3622
ENVIROCON INC	PO BOX 16655		MISSOULA	MT	59808-6655
ENVIRONMENTAL ACTION INC	PO BOX 1029		JENKS	OK	74037-1029
EPCS COMPANY	1241 S 31ST ST W		BILLINGS	MT	59102-7314
EPOXY KC LLC	PO BOX 861253		SHAWNEE	KS	66286-1253
ERV SMITH SERVICES INC	1225 TRUAX BLVD		EAU CLAIRE	WI	54703-1468
ESSI LLC	1400 W SHADY GROVE RD		GRAND PRAIRIE	TX	75050-7117
ESTRUCTURE SOLUTIONS LLC	739 SOUTHATE PKWY		CAMBRIDGE	OH	43725

**Missouri Department of Revenue**

Run Date : 7/1/2022 6:00:51 AM

**Taxation Division****EI0130**

Show Secretary of State Cover: Yes

**Construction Transient Employer Listing**

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
EVCO NATIONAL	PO BOX 407		EAST ALTON	IL	62024-0407
EVERGREEN CAISSONS INC.	PO BOX 172109		DENVER	CO	80217-2109
EXCEL CONTRACTORS LLC	8641 UNITED PLAZA BLVD STE 102		BATON ROUGE	LA	70809-7033
F & M CONTRACTORS INC	PO BOX 149		CLAYTON	OH	45315-0149
F L CRANE & SONS INC	PO BOX 428		FULTON	MS	38843-0428
FAHRNER ASPHALT SEALERS L.L.C.	2800 MECCA DR		PLOVER	WI	54467-3224
FARABEE MECHANICAL INC	PO BOX 1748		HICKMAN	NE	68372-1748
FARMER EXCAVATING INC	15440 94TH ST		OSKALOOSA	KS	66066-4122
FAUGHN ELECTRIC INC	5980 OLD MAYFIELD RD		PADUCAH	KY	42003-9296
FEDERAL FIRE AND SECURITY LLC	PO BOX 1782		OWENSBORO	KY	42302-1782
FEDERAL STEEL & ERECTION CO	206 E ALTON AVE		EAST ALTON	IL	62024-1464
FICKETT STRUCTURAL SOLUTIONS INC	3148 DEMING WAY STE 160		MIDDLETON	WI	53562-1486
FIRE & SECURITY SOLUTIONS GROUP INC	11240 STRANG LINE RD		LENEXA	KS	66215-4039
FIRE PROTECTION PROFESSIONALS LLC	1031 OFFICE PARK RD STE 4		WEST DES MOINES	IA	50265-2582
FIRELAKE CONSTRUCTION INC	1011 E 31ST ST		LAWRENCE	KS	66046-5103
FIRELINE SPRINKLER LLC	1329 W GRAND AVE STE 1A		PORT WASHINGTON	WI	53074-2010
FIRST QUALITY TILE SERVICE INC	13201 3RD STREET		ALEXANDER	AR	72002

Missouri Department of Revenue

Run Date : 7/1/2022 6:00:51 AM

Taxation Division

EI0130

Show Secretary of State Cover: Yes

Construction Transient Employer Listing

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
FISHER SMITH INC	1564 HILL TOP RD		COLUMBIA	IL	62236-4536
FLAGSHIP TILT-WALL LLC	1501 LEXINGTON AVE		DELAND	FL	32724-2117
FLAME ON INC	12632 WAGNER RD		MONROE	WA	98272-9732
FLEETWOOD SERVICES LLC	4311 WILLOW ST		DALLAS	TX	75226-1131
FLORIDA INSTITUTE OF TECHNOLOGY INC	150 W UNIVERSITY BLVD		MELBOURNE	FL	32901-6975
FORD AUDIO VIDEO SYSTEMS LLC	4800 W I 40 SERVICE RD		OKLAHOMA CITY	OK	73128-1208
FORT SMITH STRUCTURAL INC	PO BOX 180249		FORT SMITH	AR	72918-0249
FOSTER ROOFING INC	3357 WAGON WHEEL RD		SPRINGDALE	AR	72762-0106
FOUNDATION SERVICE CORP	PO BOX 120		HUDSON	IA	50643-0120
FRANCIS ENERGY MANAGEMENT CO LLC	15 E 5TH ST STE 821		TULSA	OK	74103-4346
FRANK W SCHAEFER INC	1300 GRANGE HALL RD		BEAVERCREEK	OH	45430-1013
FREEDOM CONCRETE LLC	PO BOX 731		DE SOTO	KS	66018-0731
FREEDOM FIRE PRO LLC	811 LESTER LN		ROGERS	AR	72756-9814
FRONTIER AG INC	PO BOX 998		GOODLAND	KS	67735-0998
FRONTIER BUILDING CORP	2950 SW 27TH AVE STE 300		MIAMI	FL	33133-3765
FSG FACILITY SOLUTIONS GROUP INC	4401 W GATE BLVD STE 310		AUSTIN	TX	78745-1494
FULCRUM EXPRESS INC	1945 THE EXCHANGE SE STE 400		ATLANTA	GA	30339-2090
FULSOM BROTHERS INC	PO BOX 522		CEDAR VALE	KS	67024-0522
FULTON TECHNOLOGIES OF OK INC	1430 BRADLEY LN STE 196		CARROLLTON	TX	75007-4952

**Missouri Department of Revenue**

Run Date : 7/1/2022 6:00:51 AM

**Taxation Division****EI0130**

Show Secretary of State Cover: Yes

**Construction Transient Employer Listing**

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
G & L TANK SANDBLASTING AND COATINGS LLC	2101 HIGHWAY 64 W		SHELBYVILLE	TN	37160-6328
G.A. RICH & SONS INC	PO BOX 50		DEER CREEK	IL	61733-0050
G4CM LLC	12903 PIONEER TRL		EDEN PRAIRIE	MN	55347-4112
GALA SYSTEMS INC	3185 FIRST STREET		ST HUBERT CANADA	QC	J3Y 8Y6
GARRISON PLUMBING INC	15430 S MAHAFFIE ST		OLATHE	KS	66062-2755
GATOR SIGN COMPANY INC	1027 KAREY ANDREWS RD		MCCOMB	MS	39648-9446
GAYLOR ELECTRIC INC	5750 CASTLE CREEK PARKWAY NORTH DR STE 400		INDIANAPOLIS	IN	46250-4337
GELLY EXCAVATING & CONSTRUCTION INC	13297 PLOCHER WAY		HIGHLAND	IL	62249-4543
GEMCO CONSTRUCTORS LLC	6525 GUION RD		INDIANAPOLIS	IN	46268-4808
GENERATOR & MOTOR SERVICES OF PENNSYLVANIA LLC	601 BRADDOCK AVE		TURTLE CREEK	PA	15145-2069
GEORGE H PASTOR & SONS INC	34018 BEACON ST		LIVONIA	MI	48150-1533
GEOSTABILIZATION INTERNATIONAL LLC	4475 E 74TH AVE STE A		COMMERCE CITY	CO	80022-1494
GERALD N CANDITO CONSTRUCTION CORP	3580 CANTRELL INDUSTRIAL CT NW		ACWORTH	GA	30101-6401
GERARD TANK & STEEL INC	PO BOX 513		CONCORDIA	KS	66901-0513
GERARDO OLAGUE-MARTINEZ	2241 S TERRACE DR		WICHITA	KS	67218-5027
GIBRALTAR CONSTRUCTION COMPANY INC	42 HUDSON ST STE A207		ANNAPOLIS	MD	21401-8537



**Missouri Department of Revenue**

Run Date : 7/1/2022 6:00:51 AM

**Taxation Division**

**EI0130**

Show Secretary of State Cover: Yes

**Construction Transient Employer Listing**

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
GIBSON TECHNICAL SERVICES INC	230 MOUNTAIN BROOK CT		CANTON	GA	30115-9019
GIFFIN INC	1900 BROWN RD		AUBURN HILLS	MI	48326-1701
GLASS DESIGN INCORPORATED OF MISSOURI	PO BOX 568		SAPULPA	OK	74067-0568
GLEESON ASPHALT INC	2800 W MAIN ST		BELLEVILLE	IL	62226-6612
GLOBAL EMPIRE LLC	115 OVERLOOK RD		POMONA	NY	10970-2118
GLOBAL SCAFFOLDING & INSULATION LLC	14115 E APACHE ST		TULSA	OK	74116-1410
GOETTLE EQUIPMENT COMPANY	12071 HAMILTON AVE		CINCINNATI	OH	45231-1032
GOODART CONSTRUCTION INC	26685 WAVERLY RD		PAOLA	KS	66071-4135
GOOLSBY INC	PO BOX 14		BLYTHEVILLE	AR	72316-0014
GORDON ENERGY AND DRAINAGE COMPANY	15735 S MAHAFFIE ST		OLATHE	KS	66062-4038
GOSS FOUNDATIONS INC	1057 BLACKWOOD ST		ALTAMONTE SPG	FL	32701-7705
GRANITE TRANSFORMATIONS	14125 MARSHALL DR		LENEXA	KS	66215-1300
GRAYWOLF INTEGRATED CONSTRUCTION COMPANY	2205 RAGU DR		OWENSBORO	KY	42303-1437
GRAZZINI BROTHERS & COMPANY	1175 EAGAN INDUSTRIAL RD		EAGAN	MN	55121-1205
GREAT LAKES CONCRETE PRODUCTS LLC	4555 134TH AVE		HAMILTON	MI	49419-8579
GREAT PLAINS STRUCTURES LLC	3301 LABORE RD		SAINT PAUL	MN	55110-5149
GREEN SERVICES INC	8550 FOREST BLVD		CASEYVILLE	IL	62232-1212

## Missouri Department of Revenue

Run Date : 7/1/2022 6:00:51 AM

## Taxation Division

EI0130

Show Secretary of State Cover: Yes

## Construction Transient Employer Listing

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
GREENSCAPE POOLS AND LANDSCAPING LLC	887 S NEUNABER DR		BETHALTO	IL	62010-2163
GREYTHON CONSTRUCTION LLC	31 WATER ST		MYSTIC	CT	06355-2568
GRIFFIN CONTRACT DEWATERING LLC	5306 CLINTON DR		HOUSTON	TX	77020-7912
GROOM CONSTRUCTION CO INC	96 SWAMPSCOTT RD		SALEM	MA	01970-1795
GUS CONST CO INC	PO BOX 77		CASEY	IA	50048-0077
GUSTAFSON & GOUDGE INC	PO BOX 28		CLEARBROOK	MN	56634-0028
GUTHRIE INDUSTRIAL COATING INC	1400 POLK ST		GREAT BEND	KS	67530-3619
GUY HOPKINS CONSTRUCTION INC	13855 W AMBER AVE		BATON ROUGE	LA	70809-5440
GUY ROOFING INC	201 JONES RD		SPARTANBURG	SC	29307-5424
GYPSUM FLOORS OF AR OK INC	PO BOX 1707		MULDROW	OK	74948-1707
H & D UNDERGROUND INC	24434 240TH ST		SLEEPY EYE	MN	56085-5056
H & H SYSTEMS & DESIGN INC	135 W MARKET ST		NEW ALBANY	IN	47150-3561
H & M INDUSTRIAL SERVICES INC	PO BOX 200		JACKSON	TN	38302-0200
H AND M CONSTRUCTION CO INC	PO BOX 200		JACKSON	TN	38302-0200
H3 DESIGN BUILD LLC	6045 WINDSOR DR		FAIRWAY	KS	66205-3348
HABASIT AMERICA INC	2670 LEISCZS BRIDGE RD UNIT 200		LEESPORT	PA	19533-9433
HABCO INC	248 E BERG RD		SALINA	KS	67401-8907

Missouri Department of Revenue

Run Date : 7/1/2022 6:00:51 AM

Taxation Division

EI0130

Show Secretary of State Cover: Yes

Construction Transient Employer Listing

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
HALEY CONSTRUCTION INC	9 AVIATOR WAY		ORMOND BEACH	FL	32174-2983
HALEY DEAN LLC	4645 S 1575 E		OGDEN	UT	84403-4392
HALL CONTRACTING OF KENTUCKY INC	PO BOX 37270		LOUISVILLE	KY	40233-7270
HAMON CUSTODIS INC	PO BOX 1500		SOMERVILLE	NJ	08876-1251
HANNA DESIGN GROUP INC	1955 W DOWNER PL		AURORA	IL	60506-4384
HANSEN RICE INC	1717 E CHISHOLM DR		NAMPA	ID	83687-6846
HARBOUR CONSTRUCTION INC	2717 S 88TH ST		KANSAS CITY	KS	66111-1757
HARCO SERVICES LLC	PO BOX 2347		KENNESAW	GA	30156-9105
HAROLD COFFEY CONSTRUCTION CO INC	P.O. BOX 300		HICKMAN	KY	42050
HARVEY NASH INC	1700 STATE ROUTE 23 STE 100		WAYNE	NJ	07470-7529
HASTCO INC	2801 NW BUTTON RD		TOPEKA	KS	66618-1457
HAWKEYE INSULATION SPECIALISTS INC	755 64TH AVENUE CT SW STE A		CEDAR RAPIDS	IA	52404-7001
HD PAINTING AND STAIN LLC	1201 STATE STREET RD		BELLEVILLE	IL	62220-2855
HEADWATERS CONSTRUCTION COMPANY	639 W 9500 S STE 1		VICTOR	ID	83455-5408
HEAFNER CONSTRUCTION AND REMODELING LLC	3 ROSE CT		JERSEYVILLE	IL	62052-2056
HEALY CONSTRUCTION SERVICES INC	14000 KEELER AVE		CRESTWOOD	IL	60418-2352
HEARTSTONE INC	2707 W DOUGLAS AVE		WICHITA	KS	67213-2606
HEIDELBERG ENGINEERING INC	10 FORGE PKWY STE 1		FRANKLIN	MA	02038-3137

**Missouri Department of Revenue**

Run Date : 7/1/2022 6:00:51 AM

**Taxation Division****EI0130**

Show Secretary of State Cover: Yes

**Construction Transient Employer Listing**

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
HEINEN CUSTOM OPERATIONS INC	PO BOX 182		VALLEY FALLS	KS	66088-0182
HEINTZ POOL & SPA COMPANY	453 MARKETPLACE DR		FREEBURG	IL	62243-4076
HICKEY CONTRACTING COMPANY	PO BOX 68		KEOKUK	IA	52632-0068
HIGH CONCRETE GROUP LLC	PO BOX 10008		LANCASTER	PA	17605-0008
HIGHLAND STEEL ERECTORS INC	PO BOX 590		HELENWOOD	TN	37755-0590
HIGHWAY SIGNING INC	3250 16TH AVE		COUNCIL BLUFFS	IA	51501-7039
HILLARD ELECTRIC INC	11855 WHITE CREEK AVE NE		CEDAR SPRINGS	MI	49319-9417
HILLIS CONTRACTING & BUILDING LLC	702 RAMONA PL		GODFREY	IL	62035-2544
HINDERLITER CONSTRUCTION INC	3601 N SAINT JOSEPH AVE		EVANSVILLE	IN	47720-1351
HOFFMANN SILO CORPORATION	6001 49TH ST S		MUSCATINE	IA	52761-1153
HOHL INDUSTRIAL SERVICES INC	770 RIVERVIEW BLVD		TONAWANDA	NY	14150-7880
HOLLAND CONSTRUCTION SERVICES INC.	4495 N ILLINOIS ST STE E		SWANSEA	IL	62226-1005
HOLLAND ENGINEERING INC	220 Hoover Blvd Ste 2		Holland	MI	49423-3719
HOME CENTER CONSTRUCTION INC	420 W ATKINSON RD		PITTSBURG	KS	66762-8634
HOOPER CONSTRUCTION CORPORATION	PO BOX 7455		MADISON	WI	53707-7455
HOPCO CONSTRUCTION	PO BOX 9008		OMAHA	NE	68109-0008

Missouri Department of Revenue

Run Date : 7/1/2022 6:00:51 AM

Taxation Division

EI0130

Show Secretary of State Cover: Yes

Construction Transient Employer Listing

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
HORIZON GENERAL CONTRACTORS INC	7315 W ELIZABETH LN		FT WORTH	TX	76116-6444
HORIZONTAL BORING & TUNNELING CO	PO BOX 429		EXETER	NE	68351-0429
HOWARD IMMEL INC	1820 RADISSON ST		GREEN BAY	WI	54302-2057
HOWARD W. PENCE INC.	342 E DIXIE AVE		ELIZABETHTOWN	KY	42701-1106
HUEGERICH CONSTRUCTION INC	PO BOX 891		GRETNA	NE	68028-0891
HUGHES NELSON PAINTING INC	720 INDIGO CT		POMONA	CA	91767-2262
HUTTON CONTRACTING CO INC	1600 CLIFTY HWY		HINDSVILLE	AR	72738-9167
HUTTON CORPORATION	111 N SYCAMORE ST		WICHITA	KS	67203-6121
HYDRA-LUBE	PO BOX 16565		LAKE CHARLES	LA	70616-6565
HYDRO TECHNOLOGIES INC	6200 E HIGHWAY 62 UNIT 100		JEFFERSONVILLE	IN	47130-8769
HYDROCHEM LLC	900 GEORGIA AVE		DEER PARK	TX	77536-2518
ICE-O METRIC CONTRACTING INC.	16905 197TH AVE NW		BIG LAKE	MN	55309-4934
ICON INDUSTRIAL SERVICES LLC	50 50TH AVENUE DR SW		CEDAR RAPIDS	IA	52404
IDEAL BUSINESS SOLUTIONS LLC	31 BOLAND CT		GREENVILLE	SC	29615-5730
IES COMMUNICATIONS LLC	5433 WESTHEIMER RD STE 500		HOUSTON	TX	77056-5339
ILLINI DRILLED FOUNDATIONS INC	PO BOX 1351		DANVILLE	IL	61834-1351
ILLINOIS OIL MARKETING EQUIPMENT INC	850 BRENKMAN DR		PEKIN	IL	61554-1523

## Missouri Department of Revenue

Run Date : 7/1/2022 6:00:51 AM

## Taxation Division

EI0130

Show Secretary of State Cover: Yes

## Construction Transient Employer Listing

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
IMAGINE YOURS INC	1240 SIOUX CT		NEW LENOX	IL	60451-2848
IMPERIAL CRANE SERVICES INC	7500 IMPERIAL DR		BRIDGEVIEW	IL	60455-2395
INDIAN NATION FIRE SPRINKLER LLC	8166 E 44TH ST		TULSA	OK	74145-4831
INDUSTRIAL INSULATION SERVICES INC	2200 W 6TH AVE		EL DORADO	KS	67042-3166
INDUSTRIAL MAINTENANCE OF TOPEKA INC	4501 NW US HIGHWAY 24		TOPEKA	KS	66618-3809
INDUSTRIAL PLANT SERVICES NATIONAL LLC	51410 MILANO DR STE 110		MACOMB	MI	48042-4015
INDUSTRIAL ROOFING & CONSTRUCTION LLC	1128 HIGHWAY 2		STERLINGTON	LA	71280-3066
INDUSTRIAL STEEL ERECTORS INC	2728 N CLARK ST		DAVENPORT	IA	52804-1300
INDUSTRY SERVICES CO INC	6265 RANGELINE RD		THEODORE	AL	36582-5245
INGRAM CONSTRUCTION COMPANY INC OF MADISON MISSISS	PO BOX 1609		MADISON	MS	39130-1609
INNOVATIVE COMBUSTION TECHNOLOGIES INC	10 COMMERCE DR		PELHAM	AL	35124-1847
INNOVATIVE CONSTRUCTION SOLUTIONS INC	21675 GATEWAY RD		BROOKFIELD	WI	53045-5137
INSULATION TECHNOLOGIES INC	2007 BUTTON LN		LA GRANGE	KY	40031-8726
INTEGRATED ENVIRONMENTAL SERVICES INC	PO BOX 490815		BLAINE	MN	55449-0815
INTERCON CONSTRUCTION INC	5512 STATE ROAD 19 AND 113		WAUNAKEE	WI	53597-9530

Missouri Department of Revenue

Run Date : 7/1/2022 6:00:51 AM

Taxation Division

EI0130

Show Secretary of State Cover: Yes

Construction Transient Employer Listing

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
INTERNATIONAL STRAIGHTENING INC	1218 HORSEMAN PL		BISMARCK	ND	58501-7789
INTERNATIONAL TOWERS LLC	117 S LEXINGTON ST # 100		HARRISONVILLE	MO	64701-2444
INTERSTATE GRINDING LLC	5505 E EL DELMO ST		GARDEN CITY	KS	67846-9632
INTERSTATE RESTORATION MISSOURI LLC	3401 QUORUM DR STE 300		FORT WORTH	TX	76137-3621
INTEX CONSTRUCTION LLC	3802 N 135TH ST W		MAIZE	KS	67101-9535
IOWA CIVIL CONTRACTING INC	PO BOX Q		VICTOR	IA	52347-0916
IOWA TRENCHLESS LC	PO BOX 846		PANORA	IA	50216-0846
ISLAND EXTERIOR FABRICATORS LLC	1101 SCOTT AVE		CALVERTON	NY	11933-3056
IVS HYDRO INC	PO BOX 245		WAVERLY	WV	26184-0245
J & D CONSTRUCTION INC	PO BOX 446		MONTEVIDEO	MN	56265-0446
J & S INDUSTRIAL SERVICES LLC	3214 E BROADWAY STE B		ALTON	IL	62002-2006
J F BRENNAN COMPANY INC	PO BOX 2557		LA CROSSE	WI	54602-2557
J GANT CONSTRUCTION LLC	PO BOX 314		SAINT PETER	MN	56082-0314
J P CULLEN & SONS INC	PO BOX 5957		JANESVILLE	WI	53547-5957
J WILKINSON INC	2964 PETTICOAT JUNCTION LN		GLEN CARBON	IL	62034-3265
JACK A FARRIOR INC	PO BOX 839		FARMVILLE	NC	27828-0839
JACKOVIC CONSTRUCTION COMPANY LLC	300 MOUNT LEBANON BLVD STE 211A		PITTSBURGH	PA	15234-1534
JACKSON DEAN CONSTRUCTION INC	19835 SE 248TH ST		MAPLE VALLEY	WA	98038-8769

**Missouri Department of Revenue**

Run Date : 7/1/2022 6:00:51 AM

**Taxation Division****EI0130**

Show Secretary of State Cover: Yes

**Construction Transient Employer Listing**

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
JACOBS GROUP GENERAL CONTRACTORS INC	3515 MATTINGLY RD		BUCKNER	KY	40010-8801
JACOBS LADDER INC	2325 COBDEN SCHOOL RD		COBDEN	IL	62920-3489
JAG BUILDING GROUP INC	5227 SW 27TH PL		CAPE CORAL	FL	33914-6639
JAKES ELECTRIC LLC	207 ALLEN ST		CLINTON	WI	53525-9498
JAMES AGRESTA CARPENTRY	150 ENGLISH ST		HACKENSACK	NJ	07601-3937
JAMES HUNT CONSTRUCTION CO INC	1865 SUMMIT RD		CINCINNATI	OH	45237-2803
JAMES N GRAY CONSTRUCTION CO INC	PO BOX 8330		LEXINGTON	KY	40533-8330
JANET MARSHALL CONSTRUCTION INC	10245 LOCUST MOUNTAIN RD		MOUNTAINBURG	AR	72946-3308
JANSEN ELECTRIC COMPANY	4421 N 60TH ST		QUINCY	IL	62305-0640
JARRETT INDUSTRIES INC	PO BOX 87189		SOUTH ROXANA	IL	62087-7189
JASON TANKING CONSTRUCTION LLC	PO BOX 3969		LAWRENCE	KS	66046-0969
JAYEFF CONSTRUCTION CORPORATION	1800 STATE ROUTE 34 STE 403		WALL TOWNSHIP	NJ	07719-9167
JB HOLLAND CONSTRUCTION INC.	2092 HWY 9 W		DECORAH	IA	52101
JCM ROOFING INC	1305 MIDLAN WAY		LAWRENCEVILLE	GA	30043
JED INSTALLATION LLC	2722 N 155TH ST		BASEHOR	KS	66007-9253
JESCO INC	2020 MCCULLOUGH BLVD		TUPELO	MS	38801-7108
JETTON GENERAL CONTRACTING INC	215 UNION ST # 400		JONESBORO	AR	72401-2814
JETT'S MECHANICAL LLC	913 PARK AVE		PADUCAH	KY	42001-7056



**Missouri Department of Revenue**

Run Date : 7/1/2022 6:00:51 AM

**Taxation Division**

**EI0130**

Show Secretary of State Cover: Yes

**Construction Transient Employer Listing**

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
J-HAWK PLUMBING INC	3615 W MAPLE ST		WICHITA	KS	67213-2453
JIM RIVER FENCING LLC	45275 299TH ST		IRENE	SD	57037-6002
JOE MARTIN STEEL LLC	PO BOX 89		BERRYVILLE	MO	42616
JOE R JONES CONSTRUCTION INC	PO BOX 873		WEATHERFORD	TX	76086-0873
JOHN A PAPALAS & CO INC	1187 EMPIRE AVE		LINCOLN PARK	MI	48146-2099
JOHN E GREEN COMPANY	220 VICTOR ST		HIGHLAND PARK	MI	48203-3116
JOHN P DUFFY CONSTRUCTION COMPANY INC	13220 METCALF AVE STE 365		OVERLAND PARK	KS	66213-2844
JOLLY ROOFING AND CONTRACTING CO INC	711 CHANEY CV		COLLIERVILLE	TN	38017-2993
JORDY & COMPANY	1212 S BROADWAY STE 100		DENVER	CO	80210-1584
JRCT INCORPORATED	2098 TOM AUSTIN HWY		GREENBRIER	TN	37073-5192
JT BUILD LLC	102 MILLERSBURG RD		POCAHONTAS	IL	62275
JUN CONSTRUCTION CO. INC.	PO BOX 263		GODFREY	IL	62035-0263
KADILEX CONSTRUCTION INC	PO BOX 348		WOOD RIVER	IL	62095-0348
KAISER ELECTRICAL CONTRACTORS INC	340 ERIE AVE		MORTON	IL	61550-9600
KAMADULSKI EXCAVATING & GRADING CO INC	4336 HIGHWAY 162		GRANITE CITY	IL	62040-6409
KANE FIRE PROTECTION INC	170 E ALTON AVE		EAST ALTON	IL	62024-1443
KANE MECHANICAL LLC	170 E ALTON AVE		EAST ALTON	IL	62024-1443
KANSAS DUSTROL INC	PO BOX 309		TOWANDA	KS	67144-0309
KANSAS TURF LLC	601 E WYANDOTTE ST		MERIDEN	KS	66512-9169

**Missouri Department of Revenue**

Run Date : 7/1/2022 6:00:51 AM

**Taxation Division****EI0130**

Show Secretary of State Cover: Yes

**Construction Transient Employer Listing**

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
KANTEX INDUSTRIES INC	1320 S HAMILTON CIR		OLATHE	KS	66061-7241
KARR TUCKPOINTING LLC	PO BOX 417		VINTON	IA	52349-0417
KASBOHM CUSTOM DRILLING INC	11404 OAKTON RD		SAVANNA	IL	61074-8636
KBS CONSTRUCTORS INC	1701 SW 41ST ST		TOPEKA	KS	66609-1252
KC ELECTRICAL CONTRACTORS LLC	7312 LEISURELY DR		EFFINGHAM	KS	66023-5041
KEA CONSTRUCTORS LLC	PO BOX M		MILFORD	NE	68405-0623
KEELEY & SONS INC	6303 COLLINSVILLE RD		E SAINT LOUIS	IL	62201-2523
KEEN COMPANY INC	PO BOX 2143		INDIANAPOLIS	IN	46206-2143
KENDALL CONSTRUCTION INC	2551 NW BUTTON RD		TOPEKA	KS	66618-1411
KENDREK ELECTRIC INC	PO BOX 9411		WICHITA	KS	67277-0411
KENTUCKY STEEL ERECTORS LLC	1655 RACCOON CRK		LONDON	KY	40741-9544
KEOKUK CONTRACTORS INC	853 JOHNSON STREET RD		KEOKUK	IA	52632-2213
KEVIN P SULLIVAN BUILDERS INC	1318 E 236TH ST		ARCADIA	IN	46030-9667
KIBERA CONCRETE LLC	1019 WATERWOOD PKWY STE E		EDMOND	OK	73034-5329
KIMCO USA INC	118 E TREFZ DR		MARSHALL	IL	62441-3974
KING AUTOMATION INC	4300 STONE STATION RD		ROEBUCK	SC	29376-3626
KING MECHANICAL CONTRACTORS INC	PO BOX 16608		CHATTANOOGA	TN	37416-0608
KING OF TEXAS ROOFING COMPANY LP	307 GILBERT CIR		GRAND PRAIRIE	TX	75050-6579

Missouri Department of Revenue

Run Date : 7/1/2022 6:00:51 AM

Taxation Division

EI0130

Show Secretary of State Cover: Yes

Construction Transient Employer Listing

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
KINLEY CONSTRUCTION GROUP LP	7301 COMMERCIAL BLVD E		ARLINGTON	TX	76001-7149
KINZLER CONSTRUCTION SERVICES INC	700 SE ORALABOR RD		ANKENY	IA	50021-5616
KIRK CONCRETE CONSTRUCTION INC	640 CENTRAL EXPY		MELISSA	TX	75454-2230
KIRK GROSS COMPANY	PO BOX 2097		WATERLOO	IA	50704-2097
KLAVER CONSTRUCTION COMPANY INC	PO BOX 9163		WICHITA	KS	67277-0163
KLM ENGINEERING INCORPORATED	1976 WOODDALE DR STE 4		WOODBURY	MN	55125-4359
KNUTSON BROTHERS INC	PO BOX 353		REDWOOD FALLS	MN	56283-0353
KOELLER PLUMBING LLC	101 N ADAMS ST		FLANAGAN	IL	61740-7548
KORTE & LUITJOHAN CONTRACTORS INC	12052 HIGHLAND RD		HIGHLAND	IL	62249-1342
KOSS CONSTRUCTION COMPANY	PO BOX 751263		TOPEKA	KS	66675-1263
KOVILIC CONSTRUCTION COMPANY INC.	PO BOX 939		FRANKLIN PARK	IL	60131-0939
KRAEMER NORTH AMERICA LLC	PO BOX 220		PLAIN	WI	53577-0220
KRIEWALD ENTERPRISES LLC	1310 COLUMBUS ST		OTTAWA	MO	63135
KRUSE CONTRACTING INC	4374 G RD		WATERLOO	IL	62298-3806
KRUSE CORPORATION	8971 GREEN VALLEY DR UNIT 1		MANHATTAN	KS	66502-9008
KUHLMAN REFRIGERATION INC	N56W16865 RIDGEWOOD DR # 100		MENOMONEE FLS	WI	53051-5656
KVK CONTRACTING INC	727 WESLEY AVE STE 1		TARPON SPGS	FL	34689-6757

**Missouri Department of Revenue**

Run Date : 7/1/2022 6:00:51 AM

**Taxation Division****EI0130**

Show Secretary of State Cover: Yes

**Construction Transient Employer Listing**

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
L6 INC	PO BOX 1957		BROKEN ARROW	OK	74013-1957
LA MACCHIA GROUP LLC	157 N MILWAUKEE ST		MILWAUKEE	WI	53202-6012
LAForge & BUDD CONSTRUCTION COMPANY INC	PO BOX 833		PARSONS	KS	67357-0833
LAKEVIEW CONSTRUCTION LLC	10505 CORPORATE DR STE 200		PLEASANT PRAIRIE	WI	53158-1605
LAND ART LANDSCAPING INC	12429 HOWE DR		LEAWOOD	KS	66209-1451
LANGHAUSER SHEET METAL CO	120 MATTER DR		HIGHLAND	IL	62249-1271
LANHAM INSULATION INC	40 KINGBROOK PKWY STE 4		SIMPSONVILLE	KY	40067
LARSON HARVESTING INC	447 SUNFLOWER RD		WATERVILLE	KS	66548-8904
LAVERDIERE CONSTRUCTION INC.	4055 W JACKSON ST		MACOMB	IL	61455-7723
LE DAVIS CONSTRUCTION INC	212 COY ST		HARRISON	AR	72601-4004
LEE MACHINERY MOVERS INC.	675 CESAR E CHAVEZ AVE		PONTIAC	MI	48340-2459
LEICK CONSTRUCTION INC	22027 221ST ST		GLENWOOD	IA	51534-5389
LEJAS CORPORATION	6202 S MAPLE AVE		TEMPE	AZ	85283-2861
LEROY C BOWMAN	308 FAWN PARK CIR		COUNCIL BLFS	IA	51503-5465
LEXICON INC	PO BOX 16390		LITTLE ROCK	AR	72231-6390
LIBERTY MAINTENANCE INC	777 N MERIDIAN RD		YOUNGSTOWN	OH	44509-1006
LIGHTNING FOUNDATIONS INC	1209 COUNTY HIGHWAY J23		CLEARFIELD	IA	50840-8814
LIGHTNING PROTECTION SYSTEMS LLC	PO BOX 540445E		N SALT LAKE	UT	84054-0445

Missouri Department of Revenue

Run Date : 7/1/2022 6:00:51 AM

Taxation Division

EI0130

Show Secretary of State Cover: Yes

Construction Transient Employer Listing

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
LILJA CORP	229 RICKENBACKER CIR		LIVERMORE	CA	94551-7616
LOELLKE PLUMBING INC	22974 E COUNTY RD		JERSEYVILLE	IL	62052-3174
LONE STAR RAILROAD CONTRACTORS INC	PO BOX 1150		ENNIS	TX	75120-1150
LONGS DRILLING SERVICE INC	10554 HIGHWAY 392 W		HARRISON	AR	72601-7771
LOTEMP EQUIPMENT COMPANY	8707 N 29TH ST		OMAHA	NE	68112-1848
LOVEGREEN INDUSTRIAL SERVICES	2280 SIBLEY CT		EAGAN	MN	55122-1998
LOYD BUILDERS INC	PO BOX 266		OTTAWA	KS	66067-0266
LR MOURNING CO	2230 COTTONDALE LN STE 5		LITTLE ROCK	AR	72202-2048
LSX CONSTRUCTION LLC	PO BOX 5		PAOLA	KS	66071-0005
LUMENOMICS INC.	500 MERCER ST		SEATTLE	WA	98109-4654
LYNN ELECTRIC & COMMUNICATIONS INC.	725 N 2ND ST STE K		LAWRENCE	KS	66044-1442
M & J ELECTRIC OF WICHITA LLC	1444 S SAINT CLAIR AVE BLDG D		WICHITA	KS	67213-2938
M & L ELECTRICAL INC	6060 SCOTTSVILLE RD		BOWLING GREEN	KY	42104-0388
M & W CONTRACTORS INC	PO BOX 2510		EAST PEORIA	IL	61611-0510
M&C WILLIAMS CONSTRUCTION LLC	2353 HIGHWAY 69A		PRYOR	OK	74361-4501
MAC INDUSTRIAL SERVICES INC.	604 N MAIN ST	STE 1	ROCHELLE	IL	61068
MACHINE REPAIR INTERNATIONAL	1300 OLIVER RD STE 240		FAIRFIELD	CA	94534-3428
MACON GC LLC	201 BONITA AVE		BRADFORD	IL	61421-5305

**Missouri Department of Revenue**

Run Date : 7/1/2022 6:00:51 AM

**Taxation Division****EI0130**

Show Secretary of State Cover: Yes

**Construction Transient Employer Listing**

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
MADEWELL CONCRETE LLC	25 E COURT ST STE 100		GREENVILLE	SC	29601-2871
MAGNUM ELECTRIC OF MISSOURI INC	471 CHRISTIANSON DR		WEST FARGO	ND	58078-8304
MAHANEY GROUP INC	2822 N MEAD ST		WICHITA	KS	67219-4241
MAJOR CONCRETE INC	1449 S OSAGE ST		WICHITA	KS	67213-4324
MAJOR REFRIGERATION CO INC	314 W NORTHWESTERN AVE		NORFOLK	NE	68701-6404
MALCOLM DRILLING COMPANY INC	92 NATOMA ST STE 400		SAN FRANCISCO	CA	94105-2685
MANAGEMENT RESOURCE SYSTEMS INC	1907 BAKER RD		HIGH POINT	NC	27263-2007
MANATTS INC	PO BOX 535		BROOKLYN	IA	52211-0535
MAR LAN CONSTRUCTION LC	701 E 19TH ST		LAWRENCE	KS	66046-3111
MARC JONES CONSTRUCTION LLC	22171 MCH RD		MANDEVILLE	LA	70471-7774
MARINE SOLUTIONS OF KENTUCKY INC	225 INDUSTRY PKWY		NICHOLASVILLE	KY	40356-9110
MASTERCRAFT FC LLC	500 W 146TH ST S		GLENPOOL	OK	74033-4457
MATHIS EXCAVATING INC	527 QUILLMAN RD		DU QUOIN	IL	62832-4102
MATTCON GENERAL CONTRACTORS INC	PO BOX 98		ZIONSVILLE	IN	46077-0098
MAX ALLEY CONSTRUCTION LLC	6500 SUMMERHILL RD STE 2E		TEXARKANA	TX	75503-1743
MAX TRUE FIREPROOFING CO	PO BOX 1029		JENKS	OK	74037-1029
MAXXUS WELL CONTROL OF ILLINOIS INC	PO BOX 274		ALTAMONT	IL	62411-0274

Missouri Department of Revenue

Run Date : 7/1/2022 6:00:51 AM

Taxation Division

EI0130

Show Secretary of State Cover: Yes

Construction Transient Employer Listing

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
MAYHEWS MECHANICAL COMMERCIAL REFRIGERATION INC	PO BOX 17955		N LITTLE ROCK	AR	72117-0955
MAYR PRODUCTIONS INC	1144 LEBANON AVE		BELLEVILLE	IL	62221-4018
MC ELECTRIC INC	7648 LL RD		RED BUD	IL	62278-2522
MCALEE HENDERSON SOLUTIONS INC	PO BOX 397		OSKALOOSA	KS	66066-0397
MCGOUGH CONSTRUCTION CO LLC	2737 FAIRVIEW AVE N		SAINT PAUL	MN	55113-1372
MCP BUSINESS SOLUTIONS INC	3501 SW FAIRLAWN RD STE 100		TOPEKA	KS	66614-3975
MCSHANE CONSTRUCTION COMPANY LLC	9550 W HIGGINS RD STE 200		ROSEMONT	IL	60018-4906
ME MECHANICAL INC	2501 ELLINGTON RD		QUINCY	IL	62305-8828
MECHANICAL CONSTRUCTION SERVICES INC	PO BOX 335		NEWARK	AR	72562-0335
MECHANICAL SYSTEMS INC	500 COUNTY ROAD 1 E		DUNDAS	MN	55019-4136
MERCHCO SERVICES INC	140 HEIMER RD STE 500		SAN ANTONIO	TX	78232-5031
MEYER CONTRACTING AND CONSTRUCTION INC	11000 93RD AVE N		MAPLE GROVE	MN	55369-4113
MEYLAN INDUSTRIAL SERVICES INC	3919 S 147TH ST STE 124		OMAHA	NE	68144-5579
MICHIGAN COMMERCIAL CONTRACTORS INC	16745 COMSTOCK ST		GRAND HAVEN	MI	49417-7949
MICROWAVE TRANSMISSION SERVICES	1751 JAY ELL DR		RICHARDSON	TX	75081-1835
MID AMERICA MILLING COMPANY LLC	6200 E HIGHWAY 62 UNIT 100		JEFFERSONVILLE	IN	47130-8769

**Missouri Department of Revenue**

Run Date : 7/1/2022 6:00:51 AM

**Taxation Division****EI0130**

Show Secretary of State Cover: Yes

**Construction Transient Employer Listing**

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
MID AMERICA PIPELINE CONSTRUCTION INC	PO BOX 1830		CATOOSA	OK	74015-1830
MID STATES INDUSTRIAL INC	519 SHIPYARD RD		SENECA	IL	61360-9203
MID-CONTINENTAL CARPENTRY LLC	PO BOX 591		BROOKLAND	AR	72417-0591
MIDDENDORF AND REUSS CONSTRUCTION INC	800 S BREEZE STREET STE 1		MILLSTADT	IL	62260
MIDLAND RESTORATION COMPANY INC	PO BOX 247		FORT SCOTT	KS	66701-0247
MIDWEST COATING INC	3830 NW 16TH ST		TOPEKA	KS	66618-2846
MIDWEST COOLING TOWERS INC	1156 E HIGHWAY 19		CHICKASHA	OK	73018-6347
MIDWEST CUSTOM POOLS LLC	600 LINCOLN ST		LAWRENCE	KS	66044-5349
MIDWEST INFRASTRUCTURE INC	5320 N 148TH ST		LINCOLN	NE	68527-7000
MIDWEST LIQUID SYSTEMS INC	1414 21ST AVE	PO BOX 71	ELDORA	IA	50627-1914
MIDWEST MECHANICAL INDUSTRIAL SERVICES	PO BOX 164		LOGAN	IA	51546-0164
MIDWEST MOLE INC	6814 W 350 N		GREENFIELD	IN	46140-9617
MIDWEST MOWING INC	2450 OWENS LN		BRIGHTON	IL	62012-1550
MIDWEST PETROLEUM EQUIPMENT LLC	2255 S 7TH ST		LINCOLN	NE	68502-3304
MILESTONE CONSTRUCTION CO LLC	2002 S 48TH ST		SPRINGDALE	AR	72762-5772
MILLER ELECTRICAL CONTRACTING INC	3932 POST OAK RD		SALEM	IL	62881-6644



Missouri Department of Revenue

Run Date : 7/1/2022 6:00:51 AM

Taxation Division

EI0130

Show Secretary of State Cover: Yes

Construction Transient Employer Listing

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
MILLS UTILITY CONSTRUCTION OF MS INC	714 HIGHWAY 334		OXFORD	MS	38655-9457
MINERAL FABRICATION & MACHINE CO INC	PO BOX 21		KEYSER	WV	26726-0021
MINNESOTA LIMITED LLC	PO BOX 410		BIG LAKE	MN	55309-0410
MIRA ENTERPRISES	1117 N SEAMAN ST		EASTLAND	TX	76448-1805
MIRON CONSTRUCTION CO INC	PO BOX 509		NEENAH	WI	54957-0509
MIXER SYSTEMS INC	PO BOX 10		PEWAUKEE	WI	53072-0010
MJ PAINTING CONTRACTOR CORP	291 HOMER ST		OLEAN	NY	14760-1131
MJM SERVICES CONSTRUCTION INC	PO BOX 24006		BELLEVILLE	IL	62223-9006
MKD ELECTRIC LLC	2590 ALFT LN STE A		ELGIN	IL	60124-7820
MODERN PIPING OF IOWA INC	500 WALFORD RD		CEDAR RAPIDS	IA	52404-8921
MODIFIED CONCRETE SUPPLIES LLC	6200 E HIGHWAY 62 BLDG 2501		JEFFERSONVILLE	IN	47130-8769
MOLIN CONCRETE PRODUCTS CO INC	415 LILAC ST		LINO LAKES	MN	55014-1098
MOLLERS NORTH AMERICA INC	PO BOX 888820		GRAND RAPIDS	MI	49588-8820
MONARCH BUILD LLC	8100 NEWTON ST STE 300		OVERLAND PARK	KS	66204-3669
MONITOR SIGN COMPANY INC	316 N DIVISION ST		MATTOON	IL	61938-4540
MONTEFUSCO HVAC INC	2200 W ALTORFER DR		PEORIA	IL	61615-1847
MORRISON BROS CONSTRUCTION COMPANY	2134 N 81ST ST		CASEYVILLE	IL	62232-1604

**Missouri Department of Revenue**

Run Date : 7/1/2022 6:00:51 AM

Taxation Division

**EI0130**

Show Secretary of State Cover: Yes

**Construction Transient Employer Listing**

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
MORRISSEY CONTRACTING COMPANY INC	PO BOX 67		GODFREY	IL	62035-0067
MOSS ROOFING & INSULATION INC	310 HIGHWAY 150 S		WEST UNION	IA	52175-1505
MOUNT FARM DRAINAGE LLC	3313 260TH ST		RIVERTON	IA	51650-6002
MOUNTAIN LOG & TIMBER CONSTRUCTION INC	1344 US HIGHWAY 93 N		VICTOR	MT	59875-9769
MTD ELECTRIC LLC	22004 S WAVERLY RD		SPRING HILL	KS	66083-4548
MTT CO	PO BOX 161		DENISON	IA	51442-0161
MULTATECH ENGINEERING INC	2821 W 7TH ST STE 400		FORT WORTH	TX	76107-8913
MUNICIPAL PIPE SERVICES INC	1550 NE 51ST AVE		DES MOINES	IA	50313-2123
MUNICIPAL PIPE TOOL COMPANY LLC	515 5TH ST		HUDSON	IA	50643-7773
MYLES LORENTZ INC	48822 OLD RIVER BLUFF RD		SAINT PETER	MN	56082-5059
NATIONAL BRIDGE	514 ANCLOTE RD		TARPON SPGS	FL	34689-6701
NATIONAL CONDUCTOR CONSTRUCTORS LLC	18119 STATE HIGHWAY 371		BRAINERD	MN	56401-6822
NATIONAL CUSTOM CORPORATE SERVICES INC	3120 MEDLOCK BRIDGE RD STE 100		PEACHTREE CORNERS	GA	30071-1460
NATIONAL ERECTORS & BUILDERS INC	13739 KAYSER RD		HIGHLAND	IL	62249-4619
NATIONAL ROOFING AND SHEET METAL COMPANY	G4130 FLINT ASPHALT DRIVE		BURTON	MI	48529
NATIONAL WELDING CORPORATION	7025 S COMMERCE PARK DR		MIDVALE	UT	84047-1090

Missouri Department of Revenue

Run Date : 7/1/2022 6:00:51 AM

Taxation Division

EI0130

Show Secretary of State Cover: Yes

Construction Transient Employer Listing

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
NATIONWIDE FENCE AND SUPPLY COMPANY	69951 LOWE PLANK RD		RICHMOND	MI	48062-5365
NBMC INC	PO BOX 300		GREENBRIER	AR	72058-0300
NELSON INDUSTRIAL SERVICES INC	6021 MELROSE LN		OKLAHOMA CITY	OK	73127-5527
NEMAHA LANDSCAPE CONSTRUCTION INC	541 S 1ST ST STE 1		LINCOLN	NE	68508-2909
NEW ENGLAND LEAD BURNING CO INC	2 BURLINGTON WOODS DR STE 300		BURLINGTON	MA	01803-4543
NEW RIVER ELECTRICAL CORPORATION	PO BOX 70		CLOVERDALE	VA	24077-0070
NEW TECH CONSTRUCTION INC	PO BOX 39		NEBRASKA CITY	NE	68410-0039
NEW WAVE POOLS & SPAS INC	13312 GILES RD		OMAHA	NE	68138-3467
NEXT FIBER LLC	24504 W 86TH TER		LENEXA	KS	66227-3257
NOHAVA CONSTRUCTION INC	51 ST ANDREWS WAY		SIOUX CENTER	IA	51250-2955
NORTH AMERICAN ROOFING SERVICES LLC	14025 RIVEREDGE DR STE 600		TAMPA	FL	33637-2088
NORTH CENTRAL SERVICE INC	PO BOX 310		BEMIDJI	MN	56619-0310
NORTHERN CLEARING INC	28190 STATE HIGHWAY 137		ASHLAND	WI	54806-4601
NORTHERN CONTRACTORS INC	PO Box 273		Finlayson	MN	55735-0273
NORTHLAND CONSTRUCTORS OF DULUTH INC.	4843 RICE LAKE RD		DULUTH	MN	55803-1295
NORTHWEST DEMOLITION AND DISMANTLING INC	PO BOX 230819		TIGARD	OR	97281-0819

## Missouri Department of Revenue

Run Date : 7/1/2022 6:00:51 AM

## Taxation Division

EI0130

Show Secretary of State Cover: Yes

## Construction Transient Employer Listing

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
NOVINIUM INC	22820 RUSSELL RD		KENT	WA	98032-4892
NU TEC ROOFING CONTRACTORS LLC	5025 EMCO DR		INDIANAPOLIS	IN	46220-4846
NUTRI-JECT SYSTEMS INC	PO BOX 398		HUDSON	IA	50643-0398
O'CONNOR CORPORATION	45 INDUSTRIAL DR		CANTON	MA	02021-2896
OLGOONIK SPECIALTY CONTRACTORS LLC	3201 C ST STE 700		ANCHORAGE	AK	99503-3934
OLYMPUS PAINTING CONTRACTORS INC	556 ANCLOTE RD		TARPON SPGS	FL	34689-6701
ONE WAY WIRELESS CONSTRUCTION INC.	8700 13TH AVE E		SHAKOPEE	MN	55379-8806
ONEALS ELECTRIC HEATING & COOLING INC	2700 BAUGHMAN CUTOFF RD		HARRISON	AR	72601-6720
OSMENT ROOFING SYSTEMS INC	4201 E NETTLETON AVE		JONESBORO	AR	72401-5560
OTC SERVICES INC	PO BOX 188		LOUISVILLE	OH	44641-0188
OTTO BAUM COMPANY INC	866 N MAIN ST		MORTON	IL	61550-1645
OUTDOOR SYSTEMS INC	660 STATE ROUTE 158		COLUMBIA	IL	62236-3232
OVERHEAD CONVEYOR COMPANY	1330 HILTON RD		FERNDAL	MI	48220-2837
P&P ARTEC INC	700 CREEL DR		WOOD DALE	IL	60191-2608
PACIFIC STUDIO INC	5311 SHILSHOLE AVE NW		SEATTLE	WA	98107-4021
PADGETT BUILDING & REMODELING CO	4200 SMELTING WORKS RD		SWANSEA	IL	62226-2023
PAINT PRO OF MISSOURI INC	6930 W 152ND TER		OVERLAND PARK	KS	66223-3125
PAR RESTORATION SERVICES INC	1934 N 81ST ST		CASEYVILLE	IL	62232-1656

Missouri Department of Revenue

Run Date : 7/1/2022 6:00:51 AM

Taxation Division

EI0130

Show Secretary of State Cover: Yes

Construction Transient Employer Listing

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
PARK CONSTRUCTION MIDWEST INC	1481 81ST AVE NE		MINNEAPOLIS	MN	55432-1795
PARK DEROCHIE COATINGS AND LININGS LLC	11835 - 28 STREET NE		EDMONTON	AB	T6S 1C8
PARSONS PROJECT SERVICES INC	16055 SPACE CENTER BLVD STE 725		HOUSTON	TX	77062-6269
PATRIOT DRYWALL COMPANY INC	9337 W 53RD ST		SHAWNEE	KS	66203-2113
PAVEWAY SYSTEMS INC	114 INDIAN LAKES LN		FLORAHOME	FL	32140-3614
PAYNE CONSTRUCTION SERVICES LLC	10565 DOWNTOWN LN		BUNKER HILL	IL	62014-2855
PERENNIAL ENVIRONMENTAL I LLC	13100 NORTHWEST FWY STE 160		HOUSTON	TX	77040-6343
PERFECT PLAY FIELDS AND LINKS INC	PO BOX 24006		BELLEVILLE	IL	62223-9006
PERFECTION ELECTRIC INC	615 MILL CREEK FARMS RD		TROY	IL	62294-2622
PERFORMANCE CONTRACTORS INC	PO BOX 83630		BATON ROUGE	LA	70884-3630
PETER SCHWABE INC	13890 BISHOPS DR STE 100		BROOKFIELD	WI	53005-6611
PETREE CONSTRUCTION	1100 S D ST		FORT SMITH	AR	72901-4510
PETTUS PLUMBING & PIPING INC	PO BOX 1048		ROGERSVILLE	AL	35652-1048
PHOENIX MODULAR ELEVATOR	4800 PHOENIX DR		MOUNT VERNON	IL	62864-4212
PHOENIX TELECOM INC	PO BOX 527		CANTONMENT	FL	32533-0527
PIASA COMMERCIAL INTERIORS INC	1001 S MORRISON AVE		COLLINSVILLE	IL	62234-1514
PINNACLE BOILER COMPANY LLC	PO BOX 2407		MISSION	KS	66201-2407

**Missouri Department of Revenue**

Run Date : 7/1/2022 6:00:51 AM

**Taxation Division****EI0130**

Show Secretary of State Cover: Yes

**Construction Transient Employer Listing**

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
PINNACLE CONSTRUCTION OF IOWA INC	PO BOX 368		GLENWOOD	IA	51534-0368
PIONEER ROOFING LLC	PO BOX 277		JOHNSON CREEK	WI	53038-0277
PIPING CONTRACTORS OF KANSAS INC	115 SW JACKSON ST		TOPEKA	KS	66603-3311
PITRE CONSTRUCTION INC	6835 TOWN HALL RD		BELLEVILLE	IL	62223-8623
PJ HOERR INC	107 N COMMERCE PL		PEORIA	IL	61604-5285
PLYLERS AT YOUR SERVICE INC	10 CREEK ST		BROOKVILLE	PA	15825-1401
POLISHED AND DECORATIVE CONCRETE LLC	8525 PARALLEL PKWY		KANSAS CITY	KS	66112-1746
POLK & ASSOCIATES CONSTRUCTION INC	417 WELSHWOOD DR STE 310		NASHVILLE	TN	37211-4248
POLY VINYL ROOFING INC	785 ELBOW CREEK RD		MOUNT VERNON	IA	52314-9732
PORTERS COMMERCIAL REFRIGERATION INC	118 RIDGE DR		GREENBRIER	AR	72058-9652
POWERSECURE INC	1609 HERITAGE COMMERCE CT		WAKE FOREST	NC	27587-4245
PRAIRIE CENTER PLUMBING HEATING & AIR CONDITIONING	242 N MARION ST		OLATHE	KS	66061-3105
PRAIRIE CONTRACTORS INC	9318 GULFSTREAM RD STE C		FRANKFORT	IL	60423-2538
PRECISION CONSTRUCTION GRADING AND EXCAVATION LLC	4600 SHEARER RD		KANSAS CITY	KS	66106
PRECISION INFRASTRUCTURE LLC	3314 56TH ST		EAU CLAIRE	WI	54703-6332
PRECISION UTILITIES GROUP INC	5916 E STATE BLVD		FORT WAYNE	IN	46815-7637

Missouri Department of Revenue

Run Date : 7/1/2022 6:00:51 AM

Taxation Division

EI0130

Show Secretary of State Cover: Yes

Construction Transient Employer Listing

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
PREFERRED GLOBAL INC	1360 S 10TH ST		NOBLESVILLE	IN	46060-3828
PREMIER STEEL INC	3248 MARTIN LUTHER KING		ANDERSON	IN	46013
PRETEC DIRECTIONAL DRILLING LLC	3314 56TH ST		EAU CLAIRE	WI	54703-6332
PRICE GREGORY INTERNATIONAL LLC	24275 KATY FWY STE 500		KATY	TX	77494-7269
PRIMARY ELECTRIC LLC	5102 HWY 412B		HUNTSVILLE	AR	72740
PRO ALARM LLC	130 N DUNCAN ST		MARINE	IL	62061
PROGRESSIVE CONSTRUCTORS INC	11300 FINANCIAL CENTRE PKWY STE 500		LITTLE ROCK	AR	72211-3753
PROSHOT CONCRETE INC	4158 MUSGROVE DR		FLORENCE	AL	35630-6396
PROSSER WILBERT CONSTRUCTION INC	13730 W 108TH ST		LENEXA	KS	66215-2026
PROTACK LLC	PO BOX 649		MORRIS	IL	60450-0650
QCI THERMAL SYSTEMS INC	PO BOX 2432		DAVENPORT	IA	52809-2432
QUALITY OF LIFE CONSTRUCTION INC	6626 MARTY ST		OVERLAND PARK	KS	66202-3913
QUALITY STRIPING INC	1704 E EUCLID AVE		DES MOINES	IA	50313-4730
QUICK RELIEF PLUMBING LLC	6822 BERRY RD		KANSAS CITY	KS	66106-5220
R & P CONTRACTING INC	5101 COTTMAN AVE SIDE A		PHILADELPHIA	PA	19135-1543
R L BRINK CORPORATION	4400 N 24TH ST		QUINCY	IL	62305-7775
RABB'S CONSTRUCTION LLC	2084 HIGHWAY 425 N		MONTICELLO	MO	71655-8863
RAGAN MECHANICAL INC	702 W 76TH ST		DAVENPORT	IA	52806-1317
RAGNAR BENSON LLC	PO BOX 2071		LOVES PARK	IL	61130-0071

**Missouri Department of Revenue**

Run Date : 7/1/2022 6:00:51 AM

**Taxation Division****EI0130**

Show Secretary of State Cover: Yes

**Construction Transient Employer Listing**

<b>Contractor Name</b>	<b>Street Address</b>	<b>Street Address 2</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
RAILWAY LOGIX SERVICES INC.	PO BOX 105		SEBASTOPOL	MS	39359-0105
RAM CONSTRUCTION SERVICES OF MICHIGAN INC	13800 ECKLES RD		LIVONIA	MI	48150-1041
RAMON GARCIA CONSTRUCTION LLC	PO BOX 12743		KANSAS CITY	KS	66112-0743
RANCH CRYOGENICS INC.	32580 N 1500 EAST RD		BLACKSTONE	IL	61313-9685
RAWLINGS INDUSTRIAL INC	PO BOX 1438		HAMILTON	MT	59840-1438
RB12 CONSTRUCTION LLC	12867 LAMAR AVE		LEAWOOD	KS	66209-3239
RE CON COMPANY A TEXAS CORP	12 NE 52ND ST		OKLAHOMA CITY	OK	73105-1888
RECTENWALD BROTHERS CONSTRUCTION INC	16 LEONBERG RD		CRANBERRY TWP	PA	16066-3602
REDNOUR STEEL ERECTORS INC	PO BOX 116		CUTLER	IL	62238-0116
REED DILLON & ASSOCIATES LLC	1213 E 24TH ST		LAWRENCE	KS	66046-5128
REFCO EMPLOYEE SERVICES LLC	3033 S PARKER RD STE 1150		AURORA	CO	80014-2919
REGAL CONSTRUCTION LLC	17900 DEARBORN ST		STILWELL	KS	66085-9504
REINER CONSTRUCTION CORP	2164 CITYGATE DR		COLUMBUS	OH	43219-3556
RELIABLE RELAMPING INC	6459 NASH RD		SARANAC	MI	48881-9608
RELIA TECH INC	2280 SIBLEY CT		EAGAN	MN	55122-1998
REMB CO GEOTECHNICAL CONTRACTORS INC	PO BOX 23009		KNOXVILLE	TN	37933-1009
RETAIL CONSTRUCTION SERVICES INC	11343 39TH ST N		LAKE ELMO	MN	55042-9586



**Missouri Department of Revenue**

Run Date : 7/1/2022 6:00:51 AM

**Taxation Division**

**EI0130**

Show Secretary of State Cover: Yes

**Construction Transient Employer Listing**

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
RETAIL STOREFRONT GROUP INC	PO BOX 1070		LEEDS	AL	35094-0020
RGC GLASS INC.	2213 HAWKS LNDG		FAYETTEVILLE	AR	72704-5294
RICH PLUMBING INC	702 N WALNUT ST	P O BOX 407	WAPELLA	IL	61777-0407
RICHARD GOETTLE INC	12071 HAMILTON AVE		CINCINNATI	OH	45231-1032
RICHARD NACHBAR PLUMBING INC	9053 COTTONWOOD CANYON PL		LENEXA	KS	66219-8174
RICKY G SMITH	PO BOX 606		BERRYVILLE	AR	72616-0606
RICKY JONES	1797 N 4TH AVE		PIGGOTT	AR	72454-8242
RIEKE GRADING INC	8200 HEDGE LANE TER		SHAWNEE	KS	66227-3037
RIGHT WAY FACILITY SERVICES OF TEXAS LLC	503 MERCEDES ST STE B		BENBROOK	TX	76126-2572
RILEY ELECTRIC COMPANY INC	PO BOX 496		CALVERT CITY	KY	42029-0496
RITTER & RITTER SEWER SERVICE INC	PO BOX 254		HARRIS	MN	55032-0254
RIVER CITIES ENGINEERING INC	125 W 76th St		Davenport	IA	52806-1340
RIVES CONSTRUCTION COMPANY INC.	5200 GRANTSWOOD RD		BIRMINGHAM	AL	35210-3642
RJ MARTIN NATIONAL CONTRACTING INC	22841 AURORA RD		BEDFORD HTS	OH	44146-1244
RL BISHOP & ASSOCIATES INC	PO BOX 703		MANCHESTER	GA	31816-0703
RL COOLSAET CONSTRUCTION COMPANY	PO BOX 279		TAYLOR	MI	48180-0279
RMS CRANES LLC	1961 E 64TH AVE		DENVER	CO	80229-7414
RNG 10 CAPITAL LLC	14612 PARALLEL LN		BASEHOR	KS	66007-4001

**Missouri Department of Revenue**

Run Date : 7/1/2022 6:00:51 AM

**Taxation Division****EI0130**

Show Secretary of State Cover: Yes

**Construction Transient Employer Listing**

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
ROCK REMOVAL RESOURCES LLC	1125 N MILITARY AVE		GREEN BAY	WI	54303-4413
ROCK SUPREMACY LLC	65147 N HIGHWAY 97		BEND	OR	97701-8029
ROCKFORD CONSTRUCTION CO	601 1ST ST NW		GRAND RAPIDS	MI	49504-5517
ROCKWATER DRILLING COMPANY	2031 MILLERSBURG RD		WOOSTER	OH	44691-9460
ROLLING PLAINS CONSTRUCTION INC	12331 PEORIA ST		HENDERSON	CO	80640-9650
RON WEERS CONSTRUCTION INC	20765 FOSTER CT		BUCYRUS	KS	66013-9080
RON SIGN CO INC	1329 S HANDLEY ST		WICHITA	KS	67213-4316
ROOFMASTERS ROOFING AND SHEET METAL INC	PO BOX 664		HAYS	KS	67601-0664
ROPE PARTNER INC	125 MCPHERSON ST STE B		SANTA CRUZ	CA	95060-5883
ROYAL ROOFING COMPANY INC	2445 BROWN RD		ORION	MI	48359-1810
ROYALTY COMPANIES OF INDIANA INC	2099 E TIPTON ST		SEYMOUR	IN	47274-3567
RP COATINGS INC	PO BOX 327		TROY	IL	62294-0327
RSS NASHVILLE INC	7119 COCKRILL BEND BLVD		NASHVILLE	TN	37209-1005
RWS ENTERPRISES LLC	8725 ROSEHILL RD STE 119		LENEXA	KS	66215-4611
RYAN INCORPORATED CENTRAL	PO BOX 206		JANESVILLE	WI	53547-0206
S & K REECE CONSTRUCTION LLC	PO BOX 23450		OVERLAND PARK	KS	66283-0450
S & W CONSTRUCTION LLC OF IOWA	109 MOODY DR		HAMBURG	IA	51640-1803

Missouri Department of Revenue

Run Date : 7/1/2022 6:00:51 AM

Taxation Division

EI0130

Show Secretary of State Cover: Yes

Construction Transient Employer Listing

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
S A COMUNALE CO INC	2900 NEWPARK DR		BARBERTON	OH	44203-1050
S.M. MILLER CONSTRUCTION CO INC	5755 BEATTY RD		GROVE CITY	OH	43123-9669
SACHSE CONSTRUCTION AND DEVELOPMENT COMPANY LLC	3663 WOODWARD AVE	SUITE 500	DETROIT	MI	48201-2400
SAMRON MIDWEST CONTRACTING INC	PO BOX 1555		MURPHYSBORO	IL	62966-5055
SANGIOLO & BAKER MASONRY LLC	4673 DOUGLAS RD		MILLSTADT	IL	62260-2723
SAPPHIRE COMPANIES LLC	790 HOWARD AVE STE A		BILOXI	MS	39530-3822
SASCO	2750 MOORE AVE		FULLERTON	CA	92833-2563
SATELLITE SERVICES INC	309 S FRONT ST		MARQUETTE	MI	49855-4600
SCG FIELDS LLC	10303 BRECKSVILLE RD		BRECKSVILLE	OH	44141-3335
SCHEIDT & BACHMANN USA INC	1001 PAWTUCKET BLVD		LOWELL	MA	01854-1040
SCHLEIS FLOOR COVERING INC	998 GLORY RD		GREEN BAY	WI	54304-5631
SCHREIBER CORPORATION	29945 BECK RD		WIXOM	MI	48393-2836
SCHUFF STEEL COMPANY	PO BOX 19028		PHOENIX	AZ	85005-9028
SCHULTZ BROTHERS ELECTRIC CO INC	3030 S 24TH ST # A		KANSAS CITY	KS	66106-4707
SCHUMACHER ELEVATOR COMPANY	1 SCHUMACHER WAY		DENVER	IA	50622-7729
SCHWICKERTS TECTA AMERICA LLC	330 POPLAR ST		MANKATO	MN	56001-2312
SCM LLC	PO BOX 122		MONROVIA	IN	46157-0122

## Missouri Department of Revenue

Run Date : 7/1/2022 6:00:51 AM

## Taxation Division

EI0130

Show Secretary of State Cover: Yes

## Construction Transient Employer Listing

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
SCOTT ENTERPRISES ROOFING & SHEET METAL	9684 N 109TH AVE		OMAHA	NE	68142-1124
SEAKAY CONSTRUCTION SE CORP	3882 ROUNDTREE RD UNIT 2		JEFFERSON	MD	21755-7806
SEAMLESS SOLUTIONS LLC	12605 W SANTA FE TRAIL DR		LENEXA	KS	66215
SEELE INC	24 W 40TH ST FL 12		NEW YORK	NY	10018-1094
SEITHER & CHERRY QUAD CITIES INC	611 E 59TH ST		DAVENPORT	IA	52807-2626
SEK HEAT & AIR INC	422 W ATKINSON RD		PITTSBURG	KS	66762-8634
SEMINOLE EQUIPMENT INC	204 TARPON INDUSTRIAL DR		TARPON SPGS	FL	34689-6801
SERVICE & INDUSTRIAL REPAIR INC	18097 VAIL RD		PLEASANTON	KS	66075-7503
SG CONSTRUCTION SERVICES LLC	111 E COURT ST STE 1A		FLINT	MI	48502-1649
SHAMROCK DECORATING INC	12757 S LACROSSE		ALSIP	IL	60803
SHEET PILING SERVICES LLC	6872 STATE HIGHWAY 66		CUSTER	WI	54423-9608
SHORES BUILDERS INC	2222 E MCCORD ST		CENTRALIA	IL	62801-6731
SHORTRIDGE CONSTRUCTION COMPANY INC	3908 N 24TH ST		QUINCY	IL	62305-9628
SHRADER & MARTINEZ CONSTRUCTION USA LLC	160 DRY CREEK RD		SEDONA	AZ	86336-4307
SIERRA BRAVO CONTRACTORS LLC	PO BOX 130		SESSER	IL	62884
SIGN CRAFTERS INC	1508 STRINGTOWN RD		EVANSVILLE	IN	47711-4593
SIMBECK & ASSOCIATES INC	38256 HIGHWAY 160		MANCOS	CO	81328-8967

Missouri Department of Revenue

Run Date : 7/1/2022 6:00:51 AM

Taxation Division

EI0130

Show Secretary of State Cover: Yes

Construction Transient Employer Listing

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
SIMON ROOFING AND SHEET METAL CORP	70 KARAGO AVE		YOUNGSTOWN	OH	44512-5949
SINGLE PLY SYSTEMS INC	10951 NESBITT AVE S		MINNEAPOLIS	MN	55437-3125
SKY COMMUNICATIONS LLC	29 TEN ACRE ROAD		PANAMA CITY	FL	32495
SKYTOP TOWERS INC	13503 W US HIGHWAY 34		MALCOLM	NE	68402-9783
SLAYDEN GLASS INC	239 N OLD SAINT LOUIS RD		WOOD RIVER	IL	62095-1437
SMART RESTORATION LLC	4440 OLIVER ST		KANSAS CITY	KS	66106-3763
SMITH TANK & STEEL INC	PO BOX 2370		GONZALES	LA	70707-2370
SMITHSON INC	PO BOX 1731		ROCKY MOUNT	NC	27802-1731
SNELL NORTHCUTT ELECTRIC INC	P O BOX 24601		LITTLE ROCK	AR	72221
SNELSON COMPANIES INC	PO BOX 561		SEDRO WOOLLEY	WA	98284-0561
SNI COMPANIES	PO BOX 367		NORWALK	IA	50211-0367
SOLARIS ROOFING SOLUTIONS INC	1N050 LINLAR DR		ELBURN	IL	60119-7911
SOLID PLATFORMS INC	6610 MELTON RD		PORTAGE	IN	46368-1236
SOUTHEAST DIRECTIONAL DRILLING LLC	3117 N CESSNA AVE		CASA GRANDE	AZ	85122-7947
SOUTHEAST INDUSTRIAL LLC	800 W MORRIS BLVD		MORRISTOWN	TN	37813-2024
SOUTHEAST POWER CORPORATION	1684 W HIBISCUS BLVD		MELBOURNE	FL	32901-2631
SOUTHERN CONTRACTING LLC	777 ALLOY DR		NEWBERN	TN	38059-1171
SOUTHERN ENVIRONMENTAL INC	6540 W NINE MILE RD		PENSACOLA	FL	32526-4288
SOUTHERN ERECTORS INC	6540 W NINE MILE RD		PENSACOLA	FL	32526-4288

## Missouri Department of Revenue

Run Date : 7/1/2022 6:00:51 AM

## Taxation Division

EI0130

Show Secretary of State Cover: Yes

## Construction Transient Employer Listing

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
SOUTHERN MARINE CONSTRUCTION CO	PO BOX 4539		CHATTANOOGA	TN	37405-0539
SOUTHWEST REFRACTORY OF TEXAS LP	PO BOX 1308		ALVIN	TX	77512-1308
SOUTHWESTERN CONSTRUCTION SERVICES INC	4542 STATE ROUTE 160		HIGHLAND	IL	62249-3418
SOVEREIGN STAFFING GROUP INC	1041 E 151ST ST		OLATHE	KS	66062-3417
SOWARDS GLASS INC	2600 NW TOPEKA BLVD STE C		TOPEKA	KS	66617-1160
SPARROW PLUMBING & HEATING INC	313 DELAWARE ST		QUINCY	IL	62301-4823
SPECPRO INCORPORATED OF NEBRASKA	309 E 2ND ST STE 4		PAPILLION	NE	68046-2469
SPECTRA TECH LLC	10340 PLEASANT ST STE 100		NOBLESVILLE	IN	46060-3947
SPECTRUM ENVIRONMENTAL LLC	4000 TRIANGLE LN STE 160		EXPORT	PA	15632-9306
SPITSON BROTHERS MASONRY LLC	PO BOX 1121		WOODSTOCK	IL	60098-1121
SQUARE B LLC	500 W SOUTH ST STE 1		LINCOLN	NE	68522-1744
SSI INCORPORATED OF NW ARKANSAS	2817 YUMA ST		FORT SMITH	AR	72901-8778
ST COTTER TURBINE SERVICES INC	2135 196TH ST E		CLEARWATER	MN	55320-1660
STANDARD ELECTRIC TOO LLC	2006 E PRAIRIE CIR		OLATHE	KS	66062-1268
STEEL REBAR MANUFACTURING LLC	4926 CHURCH RD		CENTREVILLE	IL	62207-1392

Missouri Department of Revenue

Run Date : 7/1/2022 6:00:51 AM

Taxation Division

EI0130

Show Secretary of State Cover: Yes

Construction Transient Employer Listing

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
STELLAR RESTORATION SERVICES LLC	15119 MEMORIAL DR STE 200		HOUSTON	TX	77079-4327
STEPHENS & SMITH CONSTRUCTION CO INC	1542 S 1ST ST		LINCOLN	NE	68502-1999
STEVE HOEGGER & ASSOCIATES INC	2630 N HIGHWAY 78		WYLIE	TX	75098-6055
STILL CONTRACTORS LLC	15740 S MAHAFFIE ST		OLATHE	KS	66062-4038
STONEBRIDGE CONSTRUCTION LLC	PO BOX 16787		JONESBORO	AR	72403-6712
STORY CONSTRUCTION CO	2810 WAKEFIELD CIR		AMES	IA	50010-7725
STORY CONSTRUCTION COMPANY LLC	901 HARPETH VALLEY PL		NASHVILLE	TN	37221-1141
STRAUGHN FARM INC	11571 N 4000E RD		PEOTONE	IL	60468-9459
STRINGER CONSTRUCTION COMPANY INC	6141 LUCILLE LN		SHAWNEE	KS	66203-2609
STRUCTURAL WATERPROOFING INC	PO BOX 255		FARMINGTON	MN	55024-0255
STUDIO LAND ARTS LLC	35 LINDORF DR		BELLEVILLE	IL	62223-1225
STUTZ EXCAVATING INC.	3837 FOSTERBURG RD		ALTON	IL	62002-7323
SUMMIT HEARTLAND LLC	3823 W 1800 S		REMINGTON	IN	47977-8831
SUMMIT REFRIGERATION GROUP LLC	W141N9501 FOUNTAIN BLVD		MENOMONEE FALLS	WI	53051-1623
SUNBELT FIRE PROTECTION INC	1520 S MEMORIAL DR		TULSA	OK	74112-7039
SUNLAND CONSTRUCTION INC	PO BOX 1087		EUNICE	LA	70535-1087
SUPER SKY PRODUCTS ENTERPRISES LLC	10301 N ENTERPRISE DR		MEQUON	WI	53092-4639

**Missouri Department of Revenue**

Run Date : 7/1/2022 6:00:51 AM

**Taxation Division****EI0130**

Show Secretary of State Cover: Yes

**Construction Transient Employer Listing**

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
SUPERIOR CONCRETE FENCE OF TEXAS INC	1203 RAIDER DR		EULESS	TX	76040-6238
SUPERIOR ERECTORS LLC	1111 INDUSTRIAL BLVD NW STE H		ELK RIVER	MN	55330
SUPREME ELECTRIC CO	PO BOX 114		QUINCY	IL	62306-0114
SURFACE AMERICA INC	PO BOX 157		WILLIAMSVILLE	NY	14231-0157
SURFACE PREPARATION TECHNOLOGIES LLC	PO BOX 834		NEW KINGSTOWN	PA	17072-0834
SURVEYS LAND AND CONSTRUCTION INC	PO BOX 29		LINDSBORG	KS	67456-0029
SUTTERFIELD ELECTRIC CONTRACTING CORP	339 N OLD SAINT LOUIS RD		WOOD RIVER	IL	62095-1165
SWIFT ROOFING INC	PO BOX 1102		MURRAY	KY	42071-0020
SYSTEMS PLANT SERVICES INC	214 N WASHINGTON AVE STE 700		EL DORADO	AR	71730-5659
T & G CONSTRUCTION OF STILLWATER INC	5865 NEAL AVE N # 259		STILLWATER	MN	55082-2177
TAILORED FOAM INCORPORATED	PO BOX 4186		HICKORY	NC	28603-4186
TANCO ENGINEERING INC	1400 TAURUS CT		LOVELAND	CO	80537-3297
TANK BUILDERS INC	PO BOX 1527		EULESS	TX	76039-1527
TANK FOUNDATIONS INC	410 W FRONT ST		LAKE MILLS	IA	50450-1109
TANK INDUSTRY CONSULTANTS INC	7740 W NEW YORK ST		INDIANAPOLIS	IN	46214-4939
TAYLOR BROS CONSTRUCTION CO INC	4555 MIDDLE RD		COLUMBUS	IN	47203-1834
TDR CONTRACTORS INC	PO BOX 1003		GILMER	TX	75644-1003
TDS CONSTRUCTION 1 INC	4239 63RD ST W		BRADENTON	FL	34209-6647



Missouri Department of Revenue

Run Date : 7/1/2022 6:00:51 AM

Taxation Division

EI0130

Show Secretary of State Cover: Yes

Construction Transient Employer Listing

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
TDW US INC	6120 S YALE AVE STE 1700		TULSA	OK	74136-4235
TELLUS LLC	829 NANCY LYNN LN		ARNOLD	MD	21012-3025
TENNESSEE ELECTRIC COMPANY INC	1025 KONNAROCK RD		KINGSPORT	TN	37664-3720
TERRAZZO USA AND ASSOCIATES INC	9532 TOWRY CT		OKLAHOMA CITY	OK	73165-4629
TERRY & TERRY CONSTRUCTION LLC	723 E MAIN ST		CHARLESTON	AR	72933-9000
TERWISSCHA CONSTRUCTION INC	1550 WILLMAR AVE SE		WILLMAR	MN	56201-4762
TEXAS ALLIANCE GROUP INC	11288 WEST RD		HOUSTON	TX	77065-4493
TEXOMA INDUSTRIAL INSULATION ASSOCIATION	PO BOX 497		DENISON	TX	75021-0497
TFR ENTERPRISES INC	601 LEANDER DR		LEANDER	TX	78641-2026
THE DRILLER LLC	5125 E UNIVERSITY AVE		PLEASANT HILL	IA	50327-7007
THE FISHEL COMPANY	1366 DUBLIN RD		COLUMBUS	OH	43215-1093
THE FRED CHRISTEN & SONS COMPANY	PO BOX 547		TOLEDO	OH	43697-0547
THE GOETTLE COMPANY	12071 HAMILTON AVE		CINCINNATI	OH	45231-1032
THE HANSEN COMPANY INC	5665 GREENDALE RD STE A		JOHNSTON	IA	50131-1592
THE JAMAR COMPANY OF MINNESOTA	4701 MIKE COLALILLO DR		DULUTH	MN	55807-2762
THE KILIAN CORPORATION	PO BOX A		MASCOUTAH	IL	62258-0187
THE MAXIS GROUP INC	8225 E DEL CAMINO DR # 100		SCOTTSDALE	AZ	85258-2330
THE NASSAL COMPANY	415 W KALEY ST		ORLANDO	FL	32806-3942

## Missouri Department of Revenue

Run Date : 7/1/2022 6:00:51 AM

Taxation Division

EI0130

Show Secretary of State Cover: Yes

## Construction Transient Employer Listing

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
THE RIVERSIDE GROUP INC	13238 S PEORIA AVE		BIXBY	OK	74008-4846
THE ROBINS & MORTON GROUP	400 SHADES CREEK PKWY		BIRMINGHAM	AL	35209-4454
THE RYAN GROUP INC	10955 160TH ST		DAVENPORT	IA	52804-9166
THIELSCH ENGINEERING INC	195 FRANCES AVE		CRANSTON	RI	02910-2211
THOMAS GRACE CONSTRUCTION INC	5605 MEMORIAL AVE N		STILLWATER	MN	55082-1092
THOMPSON ELECTRIC COMPANY	3505 S 61ST AVENUE CIR		OMAHA	NE	68106-4306
THOMPSON ELECTRONICS COMPANY	905 S BOSCH RD		PEORIA	IL	61607-1120
THOMPSON THRIFT CONSTRUCTION INC	901 WABASH AVE STE 300		TERRE HAUTE	IN	47807-3233
THUNDER VOLTS ELECTRIC LLC	4550 WASMAN RD		ROXANA	IL	62084-2726
TIMCO BLASTING & COATINGS INC	PO BOX 1029		JENKS	OK	74037-1029
TINDALL CONTRACTOR INC	5240 NAMEOKI RD		PONTOON BEACH	IL	62040-2656
TK AIRPORT SOLUTIONS INC.	3201 N SYLVANIA AVE STE 117		FORT WORTH	TX	76111-3124
TMG CONSTRUCTION MANAGEMENT INC	15420 ENDEAVOR DR		NOBLESVILLE	IN	46060-4921
TMI COATINGS INC	3291 TERMINAL DR		EAGAN	MN	55121-1610
TOM'S BACKHOE SERVICE INC.	323 WOODLAND HILLS LN		BRAINERD	MN	56401-6514
TOMS TUCKPOINTING LLC	202 W BROADWAY ST		POCAHONTAS	AR	72455-3419
TOTAL CONSTRUCTION SOLUTIONS CO	7630 LOUIS RICH CT		DAVENPORT	IA	52804-2269

Missouri Department of Revenue

Run Date : 7/1/2022 6:00:51 AM

Taxation Division

EI0130

Show Secretary of State Cover: Yes

Construction Transient Employer Listing

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
TOTAL ELECTRIC CONTRACTORS INC	PO BOX 13247		EDWARDSVILLE	KS	66113-0247
TOTAL STEEL SERVICES LLC	1255 W BROADWAY ST		SPARTA	IL	62286-1659
TOUCH UP PLUS	5353 SPRINGFIELD DR		EDWARDSVILLE	IL	62025-5835
TOURNEAR ROOFING CO	2605 SPRING LAKE RD		QUINCY	IL	62305-0523
TOWER MAINTENANCE CORP	1 PLAZA RD STE 102		GREENVALE	NY	11548-1054
TOWER TECHNOLOGIES GROUP LLC	PO BOX 266		EDGERTON	WI	53534-0266
TQ CONSTRUCTORS INC	911 2ND AVE		DAYTON	KY	41074-1203
TRAC WORK INC	PO BOX 550		ENNIS	TX	75120-0550
TRADEBE ENVIRONMENTAL SERVICES LLC	234 HOBART ST STE 1		MERIDEN	CT	06450-4380
TRAFFIC AND PARKING CONTROL CO. INC.	5100 W BROWN DEER RD		BROWN DEER	WI	53223-2322
TRANSFLUID SERVICES INC	600 TRAVIS ST STE 6150		HOUSTON	TX	77002-3039
TRI CITY ELECTRIC COMPANY OF IOWA	6225 N BRADY ST		DAVENPORT	IA	52806-0002
TRI COUNTY WELDING & FABRICATION	PO BOX 137		ARTHUR	IL	61911-0137
TRI NORTH BUILDERS INC	PO BOX 259568		MADISON	WI	53725-9568
TRI STATE BUILDING SUPPLY CO INC	816 E JEFFERSON ST		PITTSBURG	KS	66762-6011
TRI STATE CONCRETE CORRECTION CO	3215 CORONA RD		QUINCY	IL	62305-8131
TROCIN INC	1901 MARTIN RD		DRIPPING SPGS	TX	78620-3507

**Missouri Department of Revenue**

Run Date : 7/1/2022 6:00:51 AM

Taxation Division

**EI0130**

Show Secretary of State Cover: Yes

**Construction Transient Employer Listing**

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
TROST PLASTICS INC	8610 HANOVER INDUSTRIAL DR		COLUMBIA	IL	62236-4632
TROY PIPELINE LLC	PO BOX 450862		HOUSTON	TX	77245-0862
TRU BUILDING INCORPORATED	544 S RIDGE RD STE 100		WICHITA	KS	67209-2222
TRULOVE DIRT WORKS LLC	PO BOX 152		BERRYVILLE	MO	42616
TST CONSTRUCTION SERVICES LLC	9806 BROCKBANK DR		DALLAS	TX	75220-2943
TUCKER CONSTRUCTION CO	PO BOX 442		LINDSAY	OK	73052
TUFF WRAP INSTALLATIONS INC	2080 DETWILER RD STE 2		HARLEYSVILLE	PA	19438-2911
TUTTLE INC	110 PAGE ST		FRIEND	NE	68359-1147
TWC CONCRETE LLC	10737 MEDALLION DR		CINCINNATI	OH	45241-4837
TYROLT INCORPORATED DELAWARE	724 N MERCER ST		DECATUR	IL	62522-1699
U S ELECTRICAL CONSTRUCTION CO INC	79 S MAIN ST		MULLICA HILL	NJ	08062-9711
ULTIMATE CONSTRUCTION SERVICES INC	6700 N INTERSTATE 35		NEW BRAUNFELS	TX	78130-7206
ULTIMATE THERMAL INC	PO BOX 34818		OMAHA	NE	68134-0818
UNITED CONVEYOR AND MACHINERY INSTALLATION LLC	2105 ARBOR TECH DR		HEBRON	KY	41048-7512
UNITED GOLF LLC	2108 N 129TH EAST AVE		TULSA	OK	74116-1729
UNITED PIPING INC	4510 AIRPORT RD		DULUTH	MN	55811-1523
UNITED STATES CONSTRUCTION LLC	5845 HORTON ST STE 203		MISSION	KS	66202-2610

Missouri Department of Revenue

Run Date : 7/1/2022 6:00:51 AM

Taxation Division

EI0130

Show Secretary of State Cover: Yes

Construction Transient Employer Listing

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
UNIVERSAL COMMUNICATIONS LLC	19915 W 161ST ST STE E		OLATHE	KS	66062-2762
UNIVERSAL WALL SYSTEMS INC	4400 DONKERS CT SE		GRAND RAPIDS	MI	49512-4054
URETEK USA INC	PO BOX 1929		TOMBALL	TX	77377-1929
US TRADES LLC	10735 SKY PRAIRIE ST STE 100		FISHERS	IN	46038-7816
USC LLC	2320 124TH RD		SABETHA	KS	66534-9459
UTILITRA LLC	200 LAKE FRONT PKWY		EDWARDSVILLE	IL	62025-2904
VAUGHN ELECTRIC CO INC	313 E FLORIDA AVE		UNION CITY	TN	38261-3957
VAULT CONSTRUCTION COMPANY LLC	4203 YOAKUM BLVD STE 200		HOUSTON	TX	77006-5455
VECTOR CONSTRUCTION INC	2504 MAIN AVE W		WEST FARGO	ND	58078-1310
VERITAS CONSTRUCTION GROUP LLC	3511 E SUMMERHILL DR		COTTONWOOD HEIGHTS	UT	84121-5539
VESTA INDUSTRIAL CONTRACTORS INC.	3375 CORPORATE WOODS DRIVE		VESTAVIA	AL	35242
VIACON INC	70 BANKS RD		STOCKBRIDGE	GA	30281-4362
VICS CRANE AND HEAVY HAUL INC	3000 145TH ST E		ROSEMOUNT	MN	55068-5916
VIKING ERECTORS CORP	PO BOX 1336		MC MURRAY	PA	15317-4336
VIKING INDUSTRIAL PAINTING LLC	211 S 84TH ST		LINCOLN	NE	68510-2603
VIRGINIA TRANSFORMER CORP	220 GLADE VIEW DR NE		ROANOKE	VA	24012-6470
VISION CONTRACTORS INC	95 OLD DIXIE HWY STE B		ADAIRSVILLE	GA	30103-2044

## Missouri Department of Revenue

Run Date : 7/1/2022 6:00:51 AM

Taxation Division

EI0130

Show Secretary of State Cover: Yes

## Construction Transient Employer Listing

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
VISION INDUSTRIAL SERVICES LLC	1451 HIGHWAY 12		DEQUINCY	LA	70633-4803
VISU SEWER INC	W230N48557 BETKER RD		PEWAUKEE	WI	53072
VOLT POWER LLC	2910 HIGHWAY 31 NW		HARTSELLE	AL	35640-4271
VUCON LLC	527 N HOLLYWOOD ST		MEMPHIS	TN	38112-2598
W.E. O'NEIL CONSTRUCTION CO.	1245 W WASHINGTON BLVD		CHICAGO	IL	60607-1929
WADSWORTH GOLF CONSTRUCTION COMPANY OF THE MIDWEST	13941 S VAN DYKE RD		PLAINFIELD	IL	60544-3520
WALTERS MORGAN CONSTRUCTION INC	2616 TUTTLE CREEK BLVD		MANHATTAN	KS	66502-4479
WARD ELECTRIC COMPANY INC.	9586 E I25 FRONTAGE RD STE B		LONGMONT	MO	80504-9458
WARNING LITES OF SOUTHERN ILLINOIS LLC	9441 LEBANON RD		EAST SAINT LOUIS	IL	62203-2213
WARREN SYSTEMS INC	3038 ESSEX DR		LAPEER	MI	48446-2580
WASSERMAN CONSTRUCTION COMPANY LLC	PO BOX 32646		KNOXVILLE	TN	37930-2646
WATSON ELECTRIC INC	318 N 8TH ST		SALINA	KS	67401-2312
WATTS ELECTRIC COMPANY	13351 DOVERS ST		WAVERLY	NE	68462-2516
WE3CO LLC	5154 PINE SHADOW LN		NORTH PORT	FL	34287-2344
WEIGEL CONSTRUCTION INC	19015 MADISON ST STE A		SPRING HILL	KS	66083-7573
WEISHAAR CONTRACTING LLC	105 BLUFF DR		BELLEVILLE	IL	62223-1201
WESTERN OILFIELDS SUPPLY COMPANY	PO BOX 2248		BAKERSFIELD	CA	93303-2248

Missouri Department of Revenue

Run Date : 7/1/2022 6:00:51 AM

Taxation Division

EI0130

Show Secretary of State Cover: Yes

Construction Transient Employer Listing

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
WHEATLAND CONTRACTING LLC	6204 246TH RD		EFFINGHAM	KS	66023-5151
WHM CONSTRUCTION INC	526 COUNTY ROAD 3211		JACKSONVILLE	TX	75766-9249
WILDCAT CONCRETE SERVICES INC	PO BOX 9163		WICHITA	KS	67277-0163
WILLIAM G CURTH INC	PO BOX 3463		SHAWNEE	KS	66203-0463
WILLIAMS DIVERSIFIED MATERIALS INC	PO BOX 660		BAXTER SPGS	KS	66713-0660
WILLIAMS ELECTRIC CO INC	695 DENTON BLVD NW		FT WALTON BCH	FL	32547-2150
WILSONS POOLS PLUS INC	843 SCOTT TROY RD		LEBANON	IL	62254-1911
WIND DECOMMISSIONING SERVICE LLC	513 ELAINE AVE		SHOREVIEW	MN	55126-4685
WINGATE ARCHITECTURAL MILLWORKS CO	PO BOX 632535		NACOGDOCHES	TX	75963-2535
WINGER CONTRACTING COMPANY	PO BOX 637		OTTUMWA	IA	52501-0637
WOLTCOM INC	PO BOX 1983		HOLLISTER	CA	95024-1983
WOODS BASEMENT SYSTEMS INC	524 VANDALIA ST		COLLINSVILLE	IL	62234-4041
WORLDWIDE TURBINES LLC	6770 E ROGERS CIR		BOCA RATON	FL	33487-2649
WR NEWMAN & ASSOCIATES INC	2854 LOGAN ST		NASHVILLE	TN	37211-2409
WS INDUSTRIAL SERVICES INC	35 MAIN PL STE 175		COUNCIL BLUFFS	IA	51503-0708
WS SPECIALTY SERVICES LLC	35 MAIN PL STE 175		COUNCIL BLFS	IA	51503-0708
XL INDUSTRIAL SERVICES INC	1920 N 400 W		LA PORTE	IN	46350-2131

**Missouri Department of Revenue**

Run Date : 7/1/2022 6:00:51 AM

Taxation Division

**EI0130**

Show Secretary of State Cover: Yes

**Construction Transient Employer Listing**

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
YOKOGAWA CORPORATION OF AMERICA	2 DART RD		NEWNAN	GA	30265-1094
ZEAMERS WELDING LLC	2772 BLAKE RD E		DE PERE	WI	54115-8720
ZEFCO INC	PO BOX 1387		ANDERSON	SC	29622-1387
ZERNCO INC	2800 N REGENCY PARK		WICHITA	KS	67226-4635
ZIMMERMAN CONSTRUCTION COMPANY INC	12509 HEMLOCK ST		OVERLAND PARK	KS	66213-1453



**T**he Secretary of State is required by sections 347.141 and 359.481, RSMo, to publish dissolutions of limited liability companies and limited partnerships. The content requirements for the one-time publishing of these notices are prescribed by statute. This listing is published pursuant to these statutes. We request that documents submitted for publication in this section be submitted in camera ready 8 1/2" x 11" manuscript by email to [adrules.dissolutions@sos.mo.gov](mailto:adrules.dissolutions@sos.mo.gov).

**NOTICE OF ENTITY DISSOLUTION  
TO ALL CREDITORS AND CLAIMANTS  
KNOWN & UNKNOWN AGAINST  
THOMPSON DESIGN CONSULTANTS**

Thompson Design Consultants, P.C., a Missouri professional corporation ("Company"), filed Articles of Dissolution by Voluntary Action with the Missouri Secretary of State on June 21, 2022. In accordance with the filing of the Articles of Dissolution by Voluntary Action, and pursuant to the General and Business Corporation Law of Missouri, any and all claims against the Company should be sent by mail to Thompson Design Consultants, P.C., 1600 Genessee, Suite 910, Kansas City, Missouri 64102. Each claim should include the following:

(1) a brief description of the nature and basis for your claim; (2) the date(s) when the events on which your claim is based arose; (3) the amount of your claim; (4) the name, address, telephone number and email address (if applicable) of the claimant; and (5) any documentation related to your claim.

Any and all claims against Company will be barred unless a proceeding to enforce the claim is commenced within two (2) years after the date of the publication of this Notice.

**NOTICE OF WINDING UP TO ALL CREDITORS OF AND CLAIMANTS AGAINST  
MARSHALL FAMILY LIMITED PARTNERSHIP**

NOTICE IS HEREBY GIVEN that **Marshall Family Limited Partnership**, a Missouri Limited Partnership (hereinafter the "Partnership") has filed its Articles of Cancellation of a Limited Partnership with the Missouri Secretary of State.

You are hereby notified that if you believe you have a claim against the Partnership, you must submit the details of your claim in writing to Marshall Family Limited Partnership, c/o James Marshall, P.O. Box 3, Charleston, Missouri 63834-8102, which shall include the following information: the name, address and phone number of the claimant; the amount claimed; the date on which the claim arose; the basis for the claim; and any documentation for the claim.

All claims against the Partnership will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the publication of this Notice.

**NOTICE OF ARTICLES OF DISSOLUTION BY VOLUNTARY ACTION  
TO ALL CREDITORS OF AND ALL CLAIMANTS AGAINST OMEGA PACKAGING,  
INC.**

On June 22, 2022, Omega Packaging, Inc., a Missouri close corporation (the "Corporation"), filed its Articles of Dissolution by Voluntary Action with the Missouri Secretary of State.

All claims against the Corporation must be submitted to Omega Packaging, Inc. c/o Dearing Batten & Bauer LLC, 211 S. Central Ave., Ste. 200, Clayton, Missouri 63105. Claims must include the name, address, and telephone number of the claimant, the amount of the claim, the date on which the claim arose, the basis for the claim, and documentation of the claim.

**NOTICE: A CLAIM AGAINST THE CORPORATION WILL BE BARRED UNLESS A PROCEEDING TO ENFORCE THE CLAIM IS COMMENCED AGAINST THE CORPORATION WITHIN TWO (2) YEARS AFTER THE PUBLICATION OF THIS NOTICE.**

## Rule Changes Since Update to Code of State Regulations

This cumulative table gives you the latest status of rules. It contains citations of rulemakings adopted or proposed after deadline for the monthly Update Service to the *Code of State Regulations*. Citations are to volume and page number in the *Missouri Register*, except for material in this issue. The first number in the table cite refers to the volume number or the publication year—46 (2021) and 47 (2022). MoReg refers to *Missouri Register* and the numbers refer to a specific *Register* page, R indicates a rescission, W indicates a withdrawal, S indicates a statement of actual cost, T indicates an order terminating a rule, N.A. indicates not applicable, RAN indicates a rule action notice, RUC indicates a rule under consideration, and F indicates future effective date.

Rule Number	Agency	Emergency	Proposed	Order	In Addition
<b>OFFICE OF ADMINISTRATION</b>					
1 CSR 10	State Officials' Salary Compensation Schedule				45 MoReg 1926
1 CSR 20-5.020	Personnel Advisory Board and Division of Personnel		47 MoReg 225	47 MoReg 1010	
1 CSR 40-1.050	Purchasing and Materials Management		47 MoReg 549	This Issue	
<b>DEPARTMENT OF AGRICULTURE</b>					
2 CSR 30-10.010	Animal Health	47 MoReg 221	47 MoReg 231	47 MoReg 837	
2 CSR 60-4.110	Grain Inspection and Warehousing		47 MoReg 823		
2 CSR 60-5.100	Grain Inspection and Warehousing		47 MoReg 824		
2 CSR 80-2.190	State Milk Board		47 MoReg 966		
2 CSR 80-5.010	State Milk Board		47 MoReg 966		
2 CSR 90	Weights, Measures and Consumer Protection				This Issue
2 CSR 90-60.020	Weights, Measures and Consumer Protection		47 MoReg 231	47 MoReg 786	
2 CSR 90-60.030	Weights, Measures and Consumer Protection		47 MoReg 231	47 MoReg 786	
2 CSR 90-61.010	Weights, Measures and Consumer Protection		47 MoReg 232	47 MoReg 786	
2 CSR 90-63.010	Weights, Measures and Consumer Protection		47 MoReg 232	47 MoReg 786	
2 CSR 90-63.020	Weights, Measures and Consumer Protection		47 MoReg 233	47 MoReg 787	
2 CSR 90-64.010	Weights, Measures and Consumer Protection		47 MoReg 235	47 MoReg 787	
<b>DEPARTMENT OF CONSERVATION</b>					
3 CSR 10-7.433	Conservation Commission			47 MoReg 837	
			47 MoReg 871		
3 CSR 10-7.435	Conservation Commission			47 MoReg 895	
3 CSR 10-7.437	Conservation Commission			47 MoReg 895	
3 CSR 10-7.600	Conservation Commission			47 MoReg 896	
3 CSR 10-7.705	Conservation Commission		47 MoReg 871		
3 CSR 10-12.109	Conservation Commission		47 MoReg 475	47 MoReg 896	
3 CSR 10-12.110	Conservation Commission		47 MoReg 475	47 MoReg 896	
3 CSR 10-12.115	Conservation Commission		47 MoReg 476	47 MoReg 896	
3 CSR 10-12.125	Conservation Commission		47 MoReg 477	47 MoReg 896	
3 CSR 10-12.135	Conservation Commission		47 MoReg 478	47 MoReg 897	
3 CSR 10-12.140	Conservation Commission		47 MoReg 478	47 MoReg 897	
3 CSR 10-12.145	Conservation Commission		47 MoReg 482	47 MoReg 897	
<b>DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION</b>					
5 CSR 20-100.130	Division of Learning Services		47 MoReg 412		
5 CSR 20-100.140	Division of Learning Services		47 MoReg 413R		
5 CSR 20-100.210	Division of Learning Services		47 MoReg 550		
5 CSR 20-400.610	Division of Learning Services		This Issue		
5 CSR 20-500.250	Division of Learning Services		47 MoReg 780		
5 CSR 25-100.330	Office of Childhood		This Issue		
5 CSR 30-4.030	Division of Financial and Administrative Services		47 MoReg 872		
5 CSR 30-660.090	Division of Financial and Administrative Services	47 MoReg 779	47 MoReg 784		
<b>DEPARTMENT OF HIGHER EDUCATION AND WORKFORCE DEVELOPMENT</b>					
6 CSR 10-2.190	Commissioner of Higher Education	47 MoReg 473			
6 CSR 10-12.010	Commissioner of Higher Education		47 MoReg 623		
6 CSR 10-13.010	Commissioner of Higher Education		47 MoReg 626		
<b>MISSOURI DEPARTMENT OF TRANSPORTATION</b>					
7 CSR 10-1.010	Missouri Highways and Transportation Commission		47 MoReg 551		
7 CSR 10-1.020	Missouri Highways and Transportation Commission		47 MoReg 967		
7 CSR 10-11.020	Missouri Highways and Transportation Commission		47 MoReg 554		
7 CSR 10-25.010	Missouri Highways and Transportation Commission		47 MoReg 967		
7 CSR 10-25.030	Missouri Highways and Transportation Commission		47 MoReg 968		
7 CSR 10-25.070	Missouri Highways and Transportation Commission		47 MoReg 968		
7 CSR 10-25.071	Missouri Highways and Transportation Commission		47 MoReg 968		
7 CSR 10-25.080	Missouri Highways and Transportation Commission		47 MoReg 969		
7 CSR 10-25.090	Missouri Highways and Transportation Commission		47 MoReg 969		
7 CSR 60-2.010	Highway Safety and Traffic Division		47 MoReg 824		
7 CSR 60-2.020	Highway Safety and Traffic Division		47 MoReg 826		
7 CSR 60-2.030	Highway Safety and Traffic Division		47 MoReg 826		
7 CSR 60-2.040	Highway Safety and Traffic Division		47 MoReg 827		
7 CSR 60-2.050	Highway Safety and Traffic Division		47 MoReg 827		
7 CSR 60-2.060	Highway Safety and Traffic Division		47 MoReg 828		
7 CSR 60-3.010	Highway Safety and Traffic Division		47 MoReg 828R		
			47 MoReg 828		
7 CSR 265-10.017	Motor Carrier and Railroad Safety		47 MoReg 970		
7 CSR 265-10.025	Motor Carrier and Railroad Safety		47 MoReg 970		
7 CSR 265-10.035	Motor Carrier and Railroad Safety		47 MoReg 971		
<b>DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS</b>					
8 CSR 20-2.010	Labor and Industrial Relations Commission		47 MoReg 413	47 MoReg 1015	
8 CSR 20-3.030	Labor and Industrial Relations Commission		47 MoReg 414	47 MoReg 1015	
8 CSR 40-1.010	State Board of Mediation		47 MoReg 482		
8 CSR 40-2.010	State Board of Mediation		47 MoReg 483		
8 CSR 40-2.020	State Board of Mediation		47 MoReg 483R		
8 CSR 40-2.025	State Board of Mediation		47 MoReg 483		
8 CSR 40-2.030	State Board of Mediation		47 MoReg 484		
8 CSR 40-2.040	State Board of Mediation		47 MoReg 484R		

Rule Number	Agency	Emergency	Proposed	Order	In Addition
8 CSR 40-2.050	State Board of Mediation		47 MoReg 485R		
8 CSR 40-2.055	State Board of Mediation		47 MoReg 485R		
8 CSR 40-2.060	State Board of Mediation		47 MoReg 485R		
8 CSR 40-2.070	State Board of Mediation		47 MoReg 485		
8 CSR 40-2.080	State Board of Mediation		47 MoReg 486		
8 CSR 40-2.090	State Board of Mediation		47 MoReg 486		
8 CSR 40-2.100	State Board of Mediation		47 MoReg 486		
8 CSR 40-2.120	State Board of Mediation		47 MoReg 487		
8 CSR 40-2.130	State Board of Mediation		47 MoReg 487		
8 CSR 40-2.140	State Board of Mediation		47 MoReg 487		
8 CSR 40-2.150	State Board of Mediation		47 MoReg 489		
8 CSR 40-2.160	State Board of Mediation		47 MoReg 489		
8 CSR 40-2.170	State Board of Mediation		47 MoReg 490		
8 CSR 40-2.180	State Board of Mediation		47 MoReg 490		
8 CSR 50-5.007	Division of Workers' Compensation		47 MoReg 119	47 MoReg 897W	
<b>DEPARTMENT OF MENTAL HEALTH</b>					
9 CSR 10-5.206	Director, Department of Mental Health		47 MoReg 555		
9 CSR 10-5.220	Director, Department of Mental Health		47 MoReg 561		
9 CSR 30-4.005	Certification Standards		47 MoReg 562		
9 CSR 30-4.035	Certification Standards		47 MoReg 562		
9 CSR 30-4.043	Certification Standards		47 MoReg 565		
9 CSR 30-4.0431	Certification Standards		47 MoReg 568		
9 CSR 30-4.0432	Certification Standards		47 MoReg 569		
9 CSR 30-4.045	Certification Standards		47 MoReg 571		
9 CSR 30-4.046	Certification Standards		47 MoReg 573		
9 CSR 30-4.190	Certification Standards		47 MoReg 574		
<b>DEPARTMENT OF NATURAL RESOURCES</b>					
10 CSR 10-5.490	Air Conservation Commission		46 MoReg 2249	47 MoReg 787	
10 CSR 10-6.062	Air Conservation Commission		46 MoReg 2260	47 MoReg 788	
10 CSR 10-6.210	Air Conservation Commission		47 MoReg 235	This Issue	
10 CSR 10-6.310	Air Conservation Commission		46 MoReg 2263	47 MoReg 788	
10 CSR 20-6.010	Clean Water Commission		This Issue		
10 CSR 20-6.200	Clean Water Commission		This Issue		
10 CSR 25-7	Hazardous Waste Management Commission				This Issue
10 CSR 140-4.010	Division of Energy				47 MoReg 899
10 CSR 140-8.010	Division of Energy		This Issue		
<b>DEPARTMENT OF PUBLIC SAFETY</b>					
11 CSR	Notice of Periodic Rule Review				47 MoReg 900
11 CSR 45-1.090	Missouri Gaming Commission		47 MoReg 491	This Issue	
11 CSR 45-5.184	Missouri Gaming Commission		47 MoReg 306	This Issue	
11 CSR 45-5.190	Missouri Gaming Commission		47 MoReg 493	This Issue	
11 CSR 45-5.210	Missouri Gaming Commission		47 MoReg 493	This Issue	
11 CSR 45-5.215	Missouri Gaming Commission		47 MoReg 494	This Issue	
11 CSR 45-5.225	Missouri Gaming Commission		47 MoReg 495	This Issue	
11 CSR 45-5.265	Missouri Gaming Commission		47 MoReg 307	This Issue	
11 CSR 45-9.104	Missouri Gaming Commission		47 MoReg 307	This Issue	
11 CSR 45-9.108	Missouri Gaming Commission		47 MoReg 496	This Issue	
11 CSR 45-9.118	Missouri Gaming Commission		47 MoReg 496	This Issue	
11 CSR 45-9.119	Missouri Gaming Commission		47 MoReg 497	This Issue	
11 CSR 45-9.121	Missouri Gaming Commission		47 MoReg 500	This Issue	
11 CSR 50-2.080	Missouri State Highway Patrol		47 MoReg 626		
11 CSR 50-2.150	Missouri State Highway Patrol		47 MoReg 627		
11 CSR 50-2.170	Missouri State Highway Patrol		47 MoReg 627		
11 CSR 50-2.320	Missouri State Highway Patrol		47 MoReg 628		
11 CSR 70-2.010	Division of Alcohol and Tobacco Control		47 MoReg 310	47 MoReg 1015	
11 CSR 70-2.020	Division of Alcohol and Tobacco Control		47 MoReg 311	47 MoReg 1016	
11 CSR 70-2.030	Division of Alcohol and Tobacco Control		47 MoReg 312	47 MoReg 1017	
11 CSR 70-2.050	Division of Alcohol and Tobacco Control		47 MoReg 313	47 MoReg 1017	
11 CSR 70-2.060	Division of Alcohol and Tobacco Control		47 MoReg 314	47 MoReg 1017	
11 CSR 70-2.070	Division of Alcohol and Tobacco Control		47 MoReg 315	47 MoReg 1018	
11 CSR 70-2.080	Division of Alcohol and Tobacco Control		47 MoReg 315	47 MoReg 1018	
11 CSR 70-2.090	Division of Alcohol and Tobacco Control		47 MoReg 316	47 MoReg 1018	
11 CSR 70-2.100	Division of Alcohol and Tobacco Control		47 MoReg 317	47 MoReg 1019	
11 CSR 70-2.120	Division of Alcohol and Tobacco Control		47 MoReg 874		
11 CSR 70-2.130	Division of Alcohol and Tobacco Control		47 MoReg 875		
11 CSR 70-2.140	Division of Alcohol and Tobacco Control		47 MoReg 877		
11 CSR 70-2.150	Division of Alcohol and Tobacco Control		47 MoReg 879		
11 CSR 70-2.190	Division of Alcohol and Tobacco Control		47 MoReg 879		
11 CSR 70-2.280	Division of Alcohol and Tobacco Control		47 MoReg 881		
11 CSR 90-2.010	Missouri 911 Service Board	46 MoReg 1713	46 MoReg 1759 47 MoReg 236	47 MoReg 789	
<b>DEPARTMENT OF REVENUE</b>					
12 CSR	Notice of Periodic Rule Review				47 MoReg 900
12 CSR 10-1.020	Director of Revenue		47 MoReg 317	47 MoReg 897	
12 CSR 10-26.231	Director of Revenue		47 MoReg 318	47 MoReg 898	
<b>DEPARTMENT OF SOCIAL SERVICES</b>					
13 CSR	Notice of Periodic Rule Review				47 MoReg 900
13 CSR 65-2.020	Missouri Medicaid and Audit Compliance	47 MoReg 543	47 MoReg 574		
13 CSR 70-3.120	MO HealthNet Division		46 MoReg 1675 47 MoReg 237	47 MoReg 789	
13 CSR 70-3.180	MO HealthNet Division		46 MoReg 1675 47 MoReg 237		
13 CSR 70-3.320	MO HealthNet Division		47 MoReg 883		
13 CSR 70-3.330	MO HealthNet Division		47 MoReg 22	47 MoReg 789	
13 CSR 70-4.051	MO HealthNet Division		47 MoReg 886R		

Rule Number	Agency	Emergency	Proposed	Order	In Addition
13 CSR 70-4.100	MO HealthNet Division		46 MoReg 1676 47 MoReg 238	47 MoReg 791	
13 CSR 70-4.110	MO HealthNet Division		46 MoReg 1677 47 MoReg 238	47 MoReg 791	
13 CSR 70-4.120	MO HealthNet Division		46 MoReg 1678 47 MoReg 240	47 MoReg 791	
13 CSR 70-5.010	MO HealthNet Division		47 MoReg 886		
13 CSR 70-15.010	MO HealthNet Division	47 MoReg 927	47 MoReg 973		
13 CSR 70-15.015	MO HealthNet Division	47 MoReg 944	47 MoReg 990		
13 CSR 70-15.020	MO HealthNet Division		46 MoReg 1679 47 MoReg 241	47 MoReg 837 47 MoReg 791	
13 CSR 70-15.030	MO HealthNet Division		47 MoReg 241	47 MoReg 791	
13 CSR 70-15.110	MO HealthNet Division	47 MoReg 950	47 MoReg 996		
13 CSR 70-15.160	MO HealthNet Division	47 MoReg 956	47 MoReg 1002		
13 CSR 70-15.190	MO HealthNet Division	This Issue	This Issue		
13 CSR 70-15.220	MO HealthNet Division	This Issue	This Issue		
13 CSR 70-15.230	MO HealthNet Division	47 MoReg 960	47 MoReg 1006		
13 CSR 70-65.010	MO HealthNet Division		46 MoReg 1685 47 MoReg 242	47 MoReg 792	
<b>DEPARTMENT OF CORRECTIONS</b>					
14 CSR	Notice of Periodic Rule Review				47 MoReg 900
<b>ELECTED OFFICIALS</b>					
15 CSR 30-14.010	Secretary of State		47 MoReg 886		
15 CSR 50-5.010	Treasurer	47 MoReg 731	47 MoReg 318	47 MoReg 838	
15 CSR 50-5.020	Treasurer	47 MoReg 731	47 MoReg 318	47 MoReg 838	
15 CSR 50-5.030	Treasurer	47 MoReg 735	47 MoReg 322	47 MoReg 841	
15 CSR 50-5.040	Treasurer	47 MoReg 738	47 MoReg 325	47 MoReg 842	
15 CSR 50-5.050	Treasurer	47 MoReg 742	47 MoReg 328	47 MoReg 844	
<b>RETIREMENT SYSTEMS</b>					
16 CSR 10-5.020	The Public School Retirement System of Missouri		47 MoReg 829		
16 CSR 10-6.070	The Public School Retirement System of Missouri		47 MoReg 832		
<b>PUBLIC DEFENDER COMMISSION</b>					
18 CSR 10-3.010	Office of State Public Defender		47 MoReg 123	47 MoReg 792	
<b>DEPARTMENT OF HEALTH AND SENIOR SERVICES</b>					
19 CSR 15-4.010	Division of Senior and Disability Services		47 MoReg 331	47 MoReg 1019	
19 CSR 15-4.020	Division of Senior and Disability Services		47 MoReg 334	47 MoReg 1019	
19 CSR 15-4.040	Division of Senior and Disability Services		47 MoReg 335	47 MoReg 1020	
19 CSR 15-4.050	Division of Senior and Disability Services		47 MoReg 335	47 MoReg 1020	
19 CSR 15-4.060	Division of Senior and Disability Services		47 MoReg 337	47 MoReg 1020	
19 CSR 15-4.070	Division of Senior and Disability Services		47 MoReg 337	47 MoReg 1020	
19 CSR 15-4.080	Division of Senior and Disability Services		47 MoReg 338	47 MoReg 1020	
19 CSR 15-4.090	Division of Senior and Disability Services		47 MoReg 338	47 MoReg 1021	
19 CSR 15-4.100	Division of Senior and Disability Services		47 MoReg 339	47 MoReg 1021	
19 CSR 15-4.105	Division of Senior and Disability Services		47 MoReg 339	47 MoReg 1021	
19 CSR 15-4.110	Division of Senior and Disability Services		47 MoReg 340	47 MoReg 1021	
19 CSR 15-4.120	Division of Senior and Disability Services		47 MoReg 340	47 MoReg 1021	
19 CSR 15-4.130	Division of Senior and Disability Services		47 MoReg 341	47 MoReg 1021	
19 CSR 15-4.135	Division of Senior and Disability Services		47 MoReg 341	47 MoReg 1022	
19 CSR 15-4.140	Division of Senior and Disability Services		47 MoReg 341	47 MoReg 1022	
19 CSR 15-4.150	Division of Senior and Disability Services		47 MoReg 342	47 MoReg 1022	
19 CSR 15-4.160	Division of Senior and Disability Services		47 MoReg 342	47 MoReg 1022	
19 CSR 15-4.170	Division of Senior and Disability Services		47 MoReg 343	47 MoReg 1022	
19 CSR 15-4.175	Division of Senior and Disability Services		47 MoReg 344	47 MoReg 1023	
19 CSR 15-4.180	Division of Senior and Disability Services		47 MoReg 346	47 MoReg 1023	
19 CSR 15-4.190	Division of Senior and Disability Services		47 MoReg 346	47 MoReg 1023	
19 CSR 15-4.200	Division of Senior and Disability Services		47 MoReg 347	47 MoReg 1024	
19 CSR 15-4.210	Division of Senior and Disability Services		47 MoReg 348	47 MoReg 1024	
19 CSR 15-4.220	Division of Senior and Disability Services		47 MoReg 349	47 MoReg 1024	
19 CSR 15-4.230	Division of Senior and Disability Services		47 MoReg 349	47 MoReg 1024	
19 CSR 15-4.240	Division of Senior and Disability Services		47 MoReg 350	47 MoReg 1025	
19 CSR 15-4.245	Division of Senior and Disability Services <i>formerly 19 CSR 15-7.060</i>		47 MoReg 359	47 MoReg 1025	
19 CSR 15-4.250	Division of Senior and Disability Services		47 MoReg 352	47 MoReg 1026	
19 CSR 15-4.260	Division of Senior and Disability Services		47 MoReg 353	47 MoReg 1026	
19 CSR 15-4.270	Division of Senior and Disability Services		47 MoReg 353	47 MoReg 1026	
19 CSR 15-4.280	Division of Senior and Disability Services		47 MoReg 354	47 MoReg 1026	
19 CSR 15-4.290	Division of Senior and Disability Services		47 MoReg 354	47 MoReg 1026	
19 CSR 15-4.295	Division of Senior and Disability Services <i>formerly 19 CSR 15-7.050</i>		47 MoReg 358	47 MoReg 1027	
19 CSR 15-4.300	Division of Senior and Disability Services		47 MoReg 355	47 MoReg 1027	
19 CSR 15-4.410	Division of Senior and Disability Services <i>formerly 19 CSR 15-7.040</i>		47 MoReg 356	47 MoReg 1027	
19 CSR 15-4.440	Division of Senior and Disability Services <i>formerly 19 CSR 15-6.025</i>		47 MoReg 355	47 MoReg 1027	
19 CSR 15-6.020	Division of Senior and Disability Services		47 MoReg 355R	47 MoReg 1027R	
19 CSR 15-6.025	Division of Senior and Disability Services <i>moved to 19 CSR 15-4.440</i>		47 MoReg 355	47 MoReg 1027	
19 CSR 15-7.040	Division of Senior and Disability Services <i>moved to 19 CSR 15-4.410</i>		47 MoReg 356	47 MoReg 1027	
19 CSR 15-7.050	Division of Senior and Disability Services <i>moved to 19 CSR 15-4.295</i>		47 MoReg 358	47 MoReg 1027	
19 CSR 15-7.060	Division of Senior and Disability Services <i>moved to 19 CSR 15-4.245</i>		47 MoReg 359	47 MoReg 1025	
19 CSR 20-20.020	Division of Community and Public Health	47 MoReg 115 47 MoReg 621T	47 MoReg 124		
19 CSR 60-50	Missouri Health Facilities Review Committee				
19 CSR 60-50.300	Missouri Health Facilities Review Committee		This Issue		
19 CSR 60-50.400	Missouri Health Facilities Review Committee		This Issue		
19 CSR 60-50.410	Missouri Health Facilities Review Committee		This Issue		
19 CSR 60-50.420	Missouri Health Facilities Review Committee		This Issue		

Rule Number	Agency	Emergency	Proposed	Order	In Addition
19 CSR 60-50.430	Missouri Health Facilities Review Committee		This Issue		
19 CSR 60-50.440	Missouri Health Facilities Review Committee		This Issue		
19 CSR 60-50.450	Missouri Health Facilities Review Committee		This Issue		
19 CSR 60-50.470	Missouri Health Facilities Review Committee		This Issue		
19 CSR 60-50.500	Missouri Health Facilities Review Committee		This Issue		
19 CSR 60-50.700	Missouri Health Facilities Review Committee		This Issue		
19 CSR 60-50.800	Missouri Health Facilities Review Committee		This Issue		
<b>DEPARTMENT OF COMMERCE AND INSURANCE</b>					
20 CSR	Applied Behavior Analysis Maximum Benefit				47 MoReg 385
20 CSR	Construction Claims Binding Arbitration Cap				47 MoReg 43
20 CSR	Non-Economic Damages in Medical Malpractice Cap				47 MoReg 385
20 CSR	Sovereign Immunity Limits				47 MoReg 43
20 CSR	State Legal Expense Fund Cap				47 MoReg 43
20 CSR 2010-5.070	Missouri State Board of Accountancy		47 MoReg 500	This Issue	
20 CSR 2010-5.080	Missouri State Board of Accountancy		47 MoReg 500	This Issue	
20 CSR 2010-5.090	Missouri State Board of Accountancy		47 MoReg 501R	This IssueR	
20 CSR 2010-5.100	Missouri State Board of Accountancy		47 MoReg 501	This Issue	
20 CSR 2010-5.110	Missouri State Board of Accountancy		47 MoReg 502	This Issue	
20 CSR 2030-16.020	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Professional Landscape Architects		47 MoReg 242	47 MoReg 795	
20 CSR 2030-16.030	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Professional Landscape Architects		47 MoReg 243	47 MoReg 795	
20 CSR 2030-19.010	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Professional Landscape Architects		47 MoReg 243	47 MoReg 795	
20 CSR 2030-19.020	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Professional Landscape Architects		47 MoReg 244	47 MoReg 795	
20 CSR 2030-20.010	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Professional Landscape Architects		47 MoReg 246	47 MoReg 795	
20 CSR 2085-3.010	Board of Cosmetology and Barber Examiners		47 MoReg 630		
20 CSR 2110-2.050	Missouri Dental Board		47 MoReg 887		
20 CSR 2110-2.120	Missouri Dental Board		47 MoReg 580	This Issue	
20 CSR 2110-2.240	Missouri Dental Board		47 MoReg 503	This Issue	
20 CSR 2110-4.020	Missouri Dental Board		47 MoReg 503	This Issue	
20 CSR 2145-1.040	Missouri Board of Geologist Registration		47 MoReg 784		
20 CSR 2150-5.100	State Board of Registration for the Healing Arts	47 MoReg 621			
20 CSR 2165-2.010	Board of Examiners for Hearing Instrument Specialists		47 MoReg 887		
20 CSR 2165-2.025	Board of Examiners for Hearing Instrument Specialists		47 MoReg 888		
20 CSR 2165-2.040	Board of Examiners for Hearing Instrument Specialists		47 MoReg 889R		
20 CSR 2165-2.060	Board of Examiners for Hearing Instrument Specialists		47 MoReg 889		
20 CSR 2200-2.001	State Board of Nursing		47 MoReg 415	47 MoReg 1027	
20 CSR 2200-2.010	State Board of Nursing		47 MoReg 417	47 MoReg 1028	
20 CSR 2200-2.030	State Board of Nursing		47 MoReg 418	47 MoReg 1028	
20 CSR 2200-2.035	State Board of Nursing		47 MoReg 419	47 MoReg 1028	
20 CSR 2200-2.040	State Board of Nursing		47 MoReg 419	47 MoReg 1028	
20 CSR 2200-2.060	State Board of Nursing		47 MoReg 420	47 MoReg 1028	
20 CSR 2200-2.070	State Board of Nursing		47 MoReg 420	47 MoReg 1028	
20 CSR 2200-2.080	State Board of Nursing		47 MoReg 421	47 MoReg 1029	
20 CSR 2200-2.085	State Board of Nursing		47 MoReg 421	47 MoReg 1029	
20 CSR 2200-2.100	State Board of Nursing		47 MoReg 421	47 MoReg 1029	
20 CSR 2200-2.120	State Board of Nursing		47 MoReg 422	47 MoReg 1029	
20 CSR 2200-2.130	State Board of Nursing		47 MoReg 423	47 MoReg 1029	
20 CSR 2200-2.180	State Board of Nursing		47 MoReg 423	47 MoReg 1029	
20 CSR 2200-3.001	State Board of Nursing		47 MoReg 424	47 MoReg 1030	
20 CSR 2200-3.010	State Board of Nursing		47 MoReg 425	47 MoReg 1030	
20 CSR 2200-3.030	State Board of Nursing		47 MoReg 427	47 MoReg 1030	
20 CSR 2200-3.035	State Board of Nursing		47 MoReg 427	47 MoReg 1030	
20 CSR 2200-3.040	State Board of Nursing		47 MoReg 428	47 MoReg 1030	
20 CSR 2200-3.060	State Board of Nursing		47 MoReg 428	47 MoReg 1030	
20 CSR 2200-3.070	State Board of Nursing		47 MoReg 429	47 MoReg 1031	
20 CSR 2200-3.080	State Board of Nursing		47 MoReg 429	47 MoReg 1031	
20 CSR 2200-3.085	State Board of Nursing		47 MoReg 430	47 MoReg 1031	
20 CSR 2200-3.100	State Board of Nursing		47 MoReg 430	47 MoReg 1031	
20 CSR 2200-3.120	State Board of Nursing		47 MoReg 431	47 MoReg 1031	
20 CSR 2200-3.130	State Board of Nursing		47 MoReg 431	47 MoReg 1031	
20 CSR 2200-3.180	State Board of Nursing		47 MoReg 432	47 MoReg 1032	
20 CSR 2200-4.200	State Board of Nursing	47 MoReg 622			
20 CSR 2200-8.001	State Board of Nursing		47 MoReg 433	47 MoReg 1032	
20 CSR 2200-8.010	State Board of Nursing		47 MoReg 434	47 MoReg 1032	
20 CSR 2200-8.030	State Board of Nursing		47 MoReg 435	47 MoReg 1032	
20 CSR 2200-8.035	State Board of Nursing		47 MoReg 436	47 MoReg 1032	
20 CSR 2200-8.040	State Board of Nursing		47 MoReg 436	47 MoReg 1032	
20 CSR 2200-8.060	State Board of Nursing		47 MoReg 436	47 MoReg 1033	
20 CSR 2200-8.070	State Board of Nursing		47 MoReg 437	47 MoReg 1033	
20 CSR 2200-8.080	State Board of Nursing		47 MoReg 438	47 MoReg 1033	
20 CSR 2200-8.085	State Board of Nursing		47 MoReg 438	47 MoReg 1033	
20 CSR 2200-8.100	State Board of Nursing		47 MoReg 438	47 MoReg 1033	
20 CSR 2200-8.120	State Board of Nursing		47 MoReg 440	47 MoReg 1033	
20 CSR 2200-8.130	State Board of Nursing		47 MoReg 440	47 MoReg 1034	
20 CSR 2200-8.180	State Board of Nursing		47 MoReg 441	47 MoReg 1034	
20 CSR 2210-2.030	State Board of Optometry		47 MoReg 580	This Issue	
20 CSR 2220-2.010	State Board of Pharmacy		47 MoReg 362	47 MoReg 1034	
20 CSR 2220-2.011	State Board of Pharmacy		47 MoReg 442	47 MoReg 1035	

Rule Number	Agency	Emergency	Proposed	Order	In Addition
20 CSR 2220-2.012	State Board of Pharmacy		47 MoReg 442	47 MoReg 1036	
20 CSR 2220-2.090	State Board of Pharmacy		47 MoReg 372	47 MoReg 1036	
20 CSR 2220-2.200	State Board of Pharmacy	47 MoReg 409	47 MoReg 444	47 MoReg 1037	
20 CSR 2220-2.400	State Board of Pharmacy	47 MoReg 965			
20 CSR 2220-2.685	State Board of Pharmacy		47 MoReg 835		
20 CSR 2220-7.010	State Board of Pharmacy		47 MoReg 890		
20 CSR 2220-7.030	State Board of Pharmacy		47 MoReg 891		
20 CSR 2230-2.010	State Board of Podiatric Medicine		This Issue		
20 CSR 2230-2.030	State Board of Podiatric Medicine		47 MoReg 504	This Issue	
20 CSR 2231-1.010	Division of Professional Registration		47 MoReg 835		
20 CSR 2231-2.010	Division of Professional Registration		47 MoReg 835		
20 CSR 2231-3.020	Division of Professional Registration		47 MoReg 74	47 MoReg 796	
20 CSR 2233-2.010	State Committee of Marital and Family Therapists		This Issue		
20 CSR 2234-5.010	Board of Private Investigator and Private Fire Investigator Examiners		47 MoReg 892		
20 CSR 2250-8.070	Missouri Real Estate Commission		47 MoReg 633		
20 CSR 2263-2.030	State Committee for Social Workers		47 MoReg 375	47 MoReg 898	
20 CSR 2263-2.031	State Committee for Social Workers		47 MoReg 892		
20 CSR 2263-2.050	State Committee for Social Workers		47 MoReg 375	47 MoReg 898	
<b>MISSOURI CONSOLIDATED HEALTH CARE PLAN</b>					
22 CSR 10-2.075	Health Care Plan				47 MoReg 1038
22 CSR 10-3.075	Health Care Plan				47 MoReg 1038

Agency	Publication	Effective	Expiration
<b>Department of Elementary and Secondary Education</b>			
<b>Divisional of Financial and Administrative Services</b>			
<b>5 CSR 30-660.090</b>	Charter School Local Education Agency (LEA) Attendance Hour Reporting . . . . .	47 MoReg 779 . . . . .	May 3, 2022 . . . . .Feb. 9, 2023
<b>Department of Higher Education and Workforce Development</b>			
<b>Commissioner of Higher Education</b>			
<b>6 CSR 10-2.190</b>	A+ Scholarship Program . . . . .	47 MoReg 473 . . . . .	March 3, 2022 . . . . .Aug. 29, 2022
<b>Department of Social Services</b>			
<b>Missouri Medicaid Audit and Compliance</b>			
<b>13 CSR 65-2.020</b>	Provider Enrollment and Application . . . . .	47 MoReg 543 . . . . .	March 30, 2022 . . . . .Sept. 26, 2022
<b>MO HealthNet Division</b>			
<b>13 CSR 70-15.010</b>	Inpatient Hospital Services Reimbursement Methodology . . . . .	47 MoReg 927 . . . . .	July 1, 2022 . . . . .Feb. 23, 2023
<b>13 CSR 70-15.015</b>	Direct Medicaid Payments . . . . .	47 MoReg 944 . . . . .	July 1, 2022 . . . . .Feb. 23, 2023
<b>13 CSR 70-15.110</b>	Federal Reimbursement Allowance (FRA) . . . . .	47 MoReg 950 . . . . .	July 1, 2022 . . . . .Feb. 23, 2023
<b>13 CSR 70-15.160</b>	Outpatient Hospital Services Reimbursement Methodology . . . . .	47 MoReg 956 . . . . .	July 1, 2022 . . . . .Feb. 23, 2023
<b>13 CSR 70-15.190</b>	Out-of-State Hospital Services Reimbursement Plan . . . . .	This Issue . . . . .	July 1, 2022 . . . . .Feb. 23, 2023
<b>13 CSR 70-15.220</b>	Disproportionate Share Hospital (DSH) Payments . . . . .	This Issue . . . . .	July 1, 2022 . . . . .Feb. 23, 2023
<b>13 CSR 70-15.230</b>	Upper Payment Limit (UPL) Payment Methodology . . . . .	47 MoReg 960 . . . . .	July 1, 2022 . . . . .Feb. 23, 2023
<b>Department of Commerce and Insurance</b>			
<b>State Board of Registration for the Healing Arts</b>			
<b>20 CSR 2150-5.100</b>	Collaborative Practice Arrangement with Nurses . . . . .	47 MoReg 621 . . . . .	April 11, 2022 . . . . .Oct. 7, 2022
<b>State Board of Nursing</b>			
<b>20 CSR 2200-4.200</b>	Collaborative Practice . . . . .	47 MoReg 622 . . . . .	April 11, 2022 . . . . .Oct. 7, 2022
<b>State Board of Pharmacy</b>			
<b>20 CSR 2220-2.200</b>	Sterile Compounding . . . . .	47 MoReg 409 . . . . .	Feb. 24, 2022 . . . . .Aug. 22, 2022
<b>20 CSR 2220-2.400</b>	Compounding Standards of Practice . . . . .	47 MoReg 965 . . . . .	June 21, 2022 . . . . .Dec. 17, 2022



# Executive Orders

Executive Orders	Subject Matter	Filed Date	Publication
<b><u>2022</u></b>			
<b>Proclamation</b>	In accordance with <i>Dobbs</i> , Section 188.017, RSMo is hereby effective as of the date of this order	June 24, 2022	This Issue
<b>22-03</b>	Terminates the State of Emergency declared in Executive Order 22-02.	February 7, 2022	47 MoReg 411
<b>22-02</b>	Declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated due to forecasted severe winter storm systems.	February 1, 2022	47 MoReg 304
<b>22-01</b>	Establishes and Designates the Missouri Early Childhood State Advisory Council.	January 7, 2022	47 MoReg 222
<b><u>2021</u></b>			
<b>21-13</b>	Creates and establishes the Missouri Supply Chain Task Force.	November 22, 2021	47 MoReg 12
<b>21-12</b>	Designates members of his staff to have supervisory authority over departments, divisions and agencies of state government.	November 5, 2021	46 MoReg 2325
<b>21-11</b>	Orders state offices to be closed on Friday, November 26, 2021.	November 2, 2021	46 MoReg 2241
<b>21-10</b>	Orders steps to oppose federal COVID-19 vaccine mandates within all agencies, boards, commissions, and other entities within the executive branch of state government.	October 28, 2021	46 MoReg 2239
<b>21-09</b>	Terminates the state of emergency declared in Executive Order 20-02, declares a state of emergency, suspends certain regulations related to telemedicine and physical presence for executing documents, and allows state agencies to waive some regulatory requirements.	August 27, 2021	46 MoReg 1727
<b>21-08</b>	Designates members of his staff to have supervisory authority over departments, divisions and agencies of state government	August 10, 2021	46 MoReg 1673
<b>Proclamation</b>	Convenes the First Extra Session of the First Regular Session of the One Hundred and First General Assembly for extending the Federal Reimbursement Allowances (FRA) and related allowances, taxes, and assessments necessary for funding MO HealthNet	June 22, 2021	46 MoReg 1447
<b>21-07</b>	Extends Executive Order 20-02, Executive Order 20-04, Executive Order 20-05, Executive Order 20-06, and Executive Order 20-14 until August 31, 2021	March 26, 2021	46 MoReg 750
<b>21-06</b>	Creates and establishes the Show Me Strong Recovery Task Force and rescinds Executive Order	March 22, 2021	46 MoReg 748
<b>21-05</b>	Designates members of his staff to have supervisory authority over departments, divisions and agencies of state government	February 24, 2021	46 MoReg 605
<b>21-04</b>	Extends Executive Order 21-03 until February 28, 2021 and terminates Executive Order 20-17.	February 19, 2021	46 MoReg 603
<b>21-03</b>	Declares a State of Emergency and exempts hours of service requirements for vehicles transporting residential heating fuel until February 21, 2021	February 11, 2021	46 MoReg 495
<b>21-02</b>	Establishes the Office of Childhood within the Department of Elementary and Secondary Education	January 28, 2021	46 MoReg 394
<b>21-01</b>	Terminates Executive Orders 03-11 and 02-05, and modifies provisions of Executive Order 05-06	January 7, 2021	46 MoReg 314

The rule number and the MoReg publication date follow each entry to this index.

## ADMINISTRATION, OFFICE OF

leaves of absence; 1 CSR 20-5.020; 2/15/22, 7/15/22  
procedures for solicitation, receipt of bids, and award and administration of contracts; 1 CSR 40-1.050; 4/15/22, 8/1/22  
state official's salary compensation schedule; 1 CSR 10; 12/1/20

## ACCOUNTANCY, MISSOURI STATE BOARD OF

administration; 20 CSR 2010-5.100; 4/1/22, 8/1/22  
firms subject to peer review requirements; 20 CSR 2010-5.080; 4/1/22, 8/1/22  
oversight; 20 CSR 2010-5.110; 4/1/22, 8/1/22  
peer review requirements for renewal of a firm permit; 20 CSR 2010-5.090; 4/1/22, 8/1/22  
peer review standards; 20 CSR 2010-5.070; 4/1/22, 8/1/22

## AGRICULTURE, DEPARTMENT OF

### animal health

inspection of meat and poultry; 2 CSR 30-10.010; 2/15/22, 6/15/22

### grain inspection and warehousing

preparation of financial statements;  
2 CSR 60-4.110; 6/15/22  
2 CSR 60-5.100; 6/15/22

### state milk board

inspection fees; 2 CSR 80-5.010; 7/15/22  
state milk board grade "A" milk policies; 2 CSR 80-2.190; 7/15/22

### weights, measures and consumer protection

definitions;  
2 CSR 90-60.020; 2/15/22, 6/1/22  
2 CSR 90-61.010; 2/15/22, 6/1/22  
2 CSR 90-64.010; 2/15/22, 6/1/22  
general land surveying requirements; 2 CSR 90-60.030; 2/15/22, 6/1/22  
MO propane safety commission annual budget; 2 CSR 90; 8/1/22  
required work order form; 2 CSR 90-63.020; 2/15/22, 6/1/22  
surveyor's real property report; 2 CSR 90-63.010; 2/15/22, 6/1/22

## AIR CONSERVATION COMMISSION

confidential information; 10 CSR 10-6.210; 2/15/22, 8/1/22  
construction permits by rule; 10 CSR 10-6.062; 12/1/21, 6/1/22  
municipal solid waste landfills; 10 CSR 10-5.490; 12/1/21, 6/1/22  
restriction of emissions from municipal solid waste landfills; 10 CSR 10-6.310; 12/1/21, 6/1/22

## ARCHITECTS, PROFESSIONAL ENGINEERS, PROFESSIONAL LAND SURVEYORS, AND PROFESSIONAL LANDSCAPE ARCHITECTS, MISSOURI STATE BOARD OF

definitions;  
20 CSR 2030-16.020; 2/15/22, 6/1/22  
20 CSR 2030-20.010; 2/15/22, 6/1/22  
general land surveying requirements; 20 CSR 2030-16.030; 2/15/22, 6/1/22  
surveyor's real property report; 20 CSR 2030-19.010; 2/15/22, 6/1/22  
required work order form; 20 CSR 2030-19.020; 2/15/22, 6/1/22

## CERTIFICATE OF NEED PROGRAM

Missouri health facilities review committee; 19 CSR 60-050;

## CLEAN WATER COMMISSION

construction and operating permits; 10 CSR 20-6.010; 8/1/22  
storm water regulations; 10 CSR 20-6.200; 8/1/22

## CONSERVATION, DEPARTMENT OF

bullfrogs and green frogs; 3 CSR 10-12.115; 4/1/22, 7/1/22  
closed hours; 3 CSR 10-12.109; 4/1/22, 7/1/22  
deer: antlerless deer hunting permit availability; 3 CSR 10-7.437; 7/1/22  
deer: firearms hunting season; 3 CSR 10-7.433; 6/15/22, 7/1/22  
deer management assistance program; 3 CSR 10-7.600; 7/1/22  
deer: special harvest provisions; 3 CSR 10-7.435; 7/1/22  
elk: hunting season; 3 CSR 10-7.705; 5/2/22, 7/1/22

fishing, daily and possession limits; 3 CSR 10-12.140; 4/1/22, 7/1/22

fishing, length limits; 3 CSR 10-12.145; 4/1/22, 7/1/22  
fishing, methods; 3 CSR 10-12.135; 4/1/22, 7/1/22  
hunting and trapping; 3 CSR 10-12.125; 4/1/22, 7/1/22  
use of boats and motors; 3 CSR 10-12.110; 4/1/22, 7/1/22

## CORRECTIONS, DEPARTMENT OF

notice of periodic rule review; 14 CSR; 7/1/22

## DENTAL BOARD, MISSOURI

continuing dental education; 20 CSR 2110-2.240; 4/1/22, 8/1/22  
dental assistants; 20 CSR 2110-2.120; 4/15/22, 8/1/22  
licensure by examination—dental hygienists; 20 CSR 2110-2.050; 7/1/22  
moderate sedation; 20 CSR 2110-4.020; 4/1/22, 8/1/22

## ELECTED OFFICIALS

### secretary of state

campaign contribution limits; 15 CSR 30-14.010; 7/1/22

### treasurer

audits and reporting requirements; 15 CSR 50-5.040; 3/1/22, 5/16/22, 6/15/22  
educational assistance organizations; 15 CSR 50-5.050; 3/1/22, 5/16/22, 6/15/22  
general organization; 15 CSR 50-5.010; 3/1/22, 5/16/22, 6/15/22  
Missouri empowerment scholarship accounts program; 15 CSR 50-5.020; 3/1/22, 5/16/22, 6/15/22  
tax credit program; 15 CSR 50-5.030; 3/1/22, 5/16/22, 6/15/22

## ELEMENTARY AND SECONDARY EDUCATION, DEPARTMENT OF

### division of financial and administrative services

audit policy and requirements; 5 CSR 30-4.030; 7/1/22  
charter school local education agency (LEA) attendance hour reporting; 5 CSR 30-660.090; 6/1/22

### division of learning services

certification requirements for initial administration certificate [(school leader kindergarten-grade 12)]; 5 CSR 20-400.610; 8/1/22  
general provisions governing the consolidated grants for the federal and state discretionary programs; 5 CSR 20-100.140; 3/15/22  
general provisions governing the consolidated grants under the [improving america's schools act] elementary and secondary education act (ESEA); 5 CSR 20-100.130; 3/15/22  
persistently dangerous schools; 5 CSR 20-100.210; 4/15/22  
training; 5 CSR 20-500.250; 6/1/22

### office of childhood

general provisions governing programs authorized under the early childhood development act; 5 CSR 25-100.330; 8/1/22

## ENERGY, DIVISION OF

certification of renewable energy and renewable energy standard compliance account; 10 CSR 140-8.010; 8/1/22  
wood energy credit; 10 CSR 140-4.010; 7/1/22

## EXAMINERS FOR HEARING INSTRUMENT SPECIALISTS, BOARD OF

application procedures; 20 CSR 2165-2.025; 7/1/22  
hearing instrument specialist in training (temporary permits); 20 CSR 2165-2.010; 7/1/22  
license renewal; 20 CSR 2165-2.060-7/1/22  
licensure by reciprocity; 20 CSR 2165-2.040; 7/1/22

## EXECUTIVE ORDERS

in accordance with Dobbs, section 188.017, RSMo is hereby effective as of the date of this order; 8/1/22

**GEOLOGIST REGISTRATION, MISSOURI BOARD OF**  
fees; 20 CSR 2145-1.040; 6/1/22

**HAZARDOUS WASTE MANAGEMENT COMMISSION**  
online permit modifications list; 10 CSR 25-7; 8/1/22

## HEALING ARTS, STATE BOARD OF REGISTRATION FOR THE

collaborative practice arrangements with nurses; 20 CSR 2150-5.100; 5/2/22

## HEALTH AND SENIOR SERVICES, DEPARTMENT OF community and public health, division of

reporting infectious, contagious, communicable, or dangerous diseases; 19 CSR 20-20.020; 2/1/22, 5/2/22

### Missouri health facilities review committee

additional information; 19 CSR 60-50.500; 8/1/22

application package; 19 CSR 60-50.430; 8/1/22

criteria and standards for equipment and new hospitals; 19 CSR 60-50.440; 8/1/22

criteria and standards for financial feasibility; 19 CSR 60-50.470; 8/1/22

criteria and standards for long-term care; 19 CSR 60-50.450; 8/1/22

definitions for the certificate of need process; 19 CSR 60-050.300; 8/1/22

letter of intent package; 19 CSR 60-50.410; 8/1/22

letter of intent process; 19 CSR 60-50.400; 8/1/22

meeting procedures; 19 CSR 60-500.800; 8/1/22

post-decision activity; 19 CSR 60-50.700; 8/1/22

review process; 19 CSR 60-50.420; 8/1/22

### senior and disability services, division of

administration of the older americans act; 19 CSR 15-4.020; 3/1/22, 7/15/22

affirmative action/equal employment opportunity preference hiring; 19 CSR 15-4.120; 3/1/22, 7/15/22

appeal to the assistant secretary; 19 CSR 15-4.090; 3/1/22, 7/15/22

area agency on aging advisory council; 19 CSR 15-4.110; 3/1/22, 7/15/22

area agency on aging advocacy responsibility; 19 CSR 15-4.180; 3/1/22, 7/15/22

area agency on aging development of a comprehensive and coordinated service delivery system; 19 CSR 15-4.190; 3/1/22, 7/15/22

area agency on aging director; 19 CSR 15-4.135; 3/1/22, 7/15/22

area agency on aging election procedures for governing body membership; 19 CSR 15-4.105; 3/1/22, 7/15/22

area agency on aging fiscal management; 19 CSR 15-4.170; 3/1/22, 7/15/22

area agency on aging governing body; 19 CSR 15-4.100; 3/1/22, 7/15/22

area agency on aging grievance procedures; 19 CSR 15-4.210; 3/1/22, 7/15/22

area agency on aging nutrition services incentive program; 19 CSR 15-4.250; 3/1/22, 7/15/22

area agency on aging plan; 19 CSR 15-4.140; 3/1/22, 7/15/22

area agency on aging staff; 19 CSR 15-4.130; 3/1/22, 7/15/22

area agency on aging subgrants or contracts; 19 CSR 15-4.200; 3/1/22, 7/15/22

area agency on aging technical assistance, monitoring and evaluation responsibilities; 19 CSR 15-4.220; 3/1/22, 7/15/22

definition of terms; 19 CSR 15-4.010; 3/1/22, 7/15/22

designation of area agencies on aging; 19 CSR 15-4.070; 3/1/22, 7/15/22

division formal hearings;

19 CSR 15-4.440; 3/1/22, 7/15/22

19 CSR 15-6.025; 3/1/22, 7/15/22

division mediation procedures; 19 CSR 15-6.020; 3/1/22, 7/15/22

funding for establishment, maintenance, modernization, acquisition, or construction of multipurpose senior centers; 19 CSR 15-4.175; 3/1/22, 7/15/22

funding formula and fiscal management; 19 CSR 15-4.050; 3/1/22, 7/15/22

information and assistance; 19 CSR 15-4.290; 3/1/22, 7/15/22

information and assistance service standards;

19 CSR 15-4.295; 3/1/22, 7/15/22

19 CSR 15-7.050; 3/1/22, 7/15/22

legal assistance; 19 CSR 15-4.270; 3/1/22, 7/15/22

multipurpose senior center; 19 CSR 15-4.230; 3/1/22, 7/15/22

nutrition services requirements; 19 CSR 15-4.240; 3/1/22, 7/15/22

nutrition service standards;

19 CSR 15-4.245; 3/1/22, 7/15/22

19 CSR 15-7.060; 3/1/22, 7/15/22

ombudsman services; 19 CSR 15-4.280; 3/1/22, 7/15/22

outreach services; 19 CSR 15-4.260; 3/1/22, 7/15/22

record keeping and confidentiality; 19 CSR 15-4.300; 3/1/22, 7/15/22

review, submission and approval of area agency on aging area plans and plan amendments; 19 CSR 15-4.160; 3/1/22, 7/15/22

state long-term care ombudsman program; 19 CSR 15-4.060; 3/1/22, 7/15/22

state plan; 19 CSR 15-4.040; 3/1/22, 7/15/22

transportation service standards;

19 CSR 15-4.410; 3/1/22, 7/15/22

19 CSR 15-7.040; 3/1/22, 7/15/22

waivers; 19 CSR 15-4.150; 3/1/22, 7/15/22

withdrawal of designation; 19 CSR 15-4.080; 3/1/22, 7/15/22

## HIGHER EDUCATION AND WORKFORCE DEVELOPMENT, DEPARTMENT OF

A+ scholarship program; 6 CSR 10-2.190; 4/1/22

educational credit for military training or service; 6 CSR 10-13.010; 5/2/22

state authorization reciprocity agreement; 6 CSR 10-12.010; 5/2/22

## INSURANCE

applied behavior analysis maximum benefit; 20 CSR; 3/1/22

construction claims binding arbitration cap; 20 CSR; 1/3/22

non-economic damages in medical malpractice cap; 20 CSR; 3/1/22

sovereign immunity limits; 20 CSR; 1/3/22

state legal expense fund; 20 CSR; 1/3/22

## LABOR AND INDUSTRIAL RELATIONS, DEPARTMENT OF

agreement for consent election; 8 CSR 40-2.180; 4/1/22

contents of petitions[for certification]; 8 CSR 40-2.030; 4/1/22

contents of petition for decertification; 8 CSR 40-2.040; 4/1/22

definitions; 8 CSR 40-2.010; 4/1/22

election procedure; 8 CSR 40-2.160; 4/1/22

evidence of occupational disease exposure for first responders; 8 CSR 50-5.007; 2/1/22, 7/1/22

general organization; 8 CSR 40-1.010; 4/1/22

governing rules; 8 CSR 20-2.010; 3/15/22, 7/15/22

hearings; 8 CSR 40-2.140; 4/1/22

initial action; 8 CSR 40-2.100; 4/1/22

intervention; 8 CSR 40-2.130; 4/1/22

list of employees; 8 CSR 40-2.120; 4/1/22

notices of election; 8 CSR 40-2.150; 4/1/22

number of copies of petition to be filed; 8 CSR 40-2.060; 4/1/22

petition for amendment of certification; 8 CSR 40-2.055; 4/1/22

petition for unit certification; 8 CSR 40-2.050; 4/1/22

petitions for certification or decertification; 8 CSR 40-2.020; 4/1/22

practice by a licensed attorney, when required; 8 CSR 40-2.025; 4/1/22  
 processing of petition; 8 CSR 40-2.080; 4/1/22  
 review of awards or orders issued by administrative law judges; 8 CSR 20-3.030; 3/15/22, 7/15/22  
 runoff election; 8 CSR 40-2.170; 4/1/22  
 validity of showing of interest; 8 CSR 40-2.070; 4/1/22  
 withdrawal or dismissal of petition; 8 CSR 40-2.090; 4/1/22

#### **MARITAL AND FAMILY THERAPISTS, STATE COMMITTEE OF**

educational requirements; 20 CSR 2233-2.010; 8/1/22

#### **MENTAL HEALTH, DEPARTMENT OF** certification standards

assertive community treatment (ACT) in community psychiatric rehabilitation programs; 9 CSR 30-4.0432; 4/15/22  
 eligibility criteria and admission criteria for community psychiatric rehabilitation programs; 9 CSR 30-4.005; 4/15/22  
 eligibility determination, assessment, and treatment planning in community psychiatric rehabilitation programs; 9 CSR 30-4.035; 4/15/22  
 integrated treatment for co-occurring disorders (ITCD) in community psychiatric rehabilitation programs; 9 CSR 30-4.0431; 4/15/22  
 intensive community psychiatric rehabilitation (ICPR); 9 CSR 30-4.045; 4/15/22  
 outpatient mental health treatment programs; 9 CSR 30-4.190; 4/15/22  
 psychosocial rehabilitation (PSR) in community psychiatric rehabilitation programs; 9 CSR 30-4.046; 4/15/22  
 service provision, staff qualifications, and documentation requirements for community psychiatric rehabilitation programs; 9 CSR 30-4.043; 4/15/22  
director, department of mental health  
 privacy rule of the health insurance portability and accountability act [of 1996] (HIPPA); 9 CSR 10-5.220; 4/15/22  
 report of events; 9 CSR 10-5.206; 4/15/22

#### **MISSOURI CONSOLIDATED HEALTH CARE PLAN**

review and appeals procedure;  
 22 CSR 10-2.075; 7/15/22  
 22 CSR 10-3.075; 7/15/22

#### **MO HEALTHNET DIVISION**

copayment for pharmacy services; 13 CSR 70-4.051; 7/1/22  
 department is the payer of last resort, department's claim for recovery, participant's duty of cooperation; 13 CSR 70-4.120; 2/15/22, 6/1/22  
 direct medicaid payments; 13 CSR 70-15.015; 7/15/22  
 disproportionate share hospital (DSH) payments; 13 CSR 70-15.220; 8/1/22  
 electronic visit verification (EVV); 13 CSR 70-3.320; 7/1/22  
 federal reimbursement allowance (FRA); 13 CSR 70-15.110; 7/15/22  
 inpatient hospital services reimbursement methodology; 13 CSR 70-15-010; 7/15/22  
 limitations on payment of out-of-state nonemergency medical services; 13 CSR 70-3.120; 2/15/22, 6/1/22  
 medical pre-certification process; 13 CSR 70-3.180; 02/15/2022  
 nonemergency medical transportation (NEMT) services; 13 CSR 70-5.010; 7/1/22  
 out-of-state hospital services reimbursement plan; 13 CSR 70-15.190; 8/1/22  
 outpatient hospital services reimbursement methodology; 13 CSR 70-15.160; 7/15/22  
 payment and payment limitations for inpatient hospital care; 13 CSR 70-15.030; 2/15/22, 6/1/22  
 placement of liens on property of certain institutionalized MO HealthNet participants; 13 CSR 70-4.110; 2/15/22, 6/1/22  
 preventing medicaid payment of expenses used to meet spenddown; 13 CSR 70-4.100; 2/15/22, 6/1/22

procedures for admission certification, continued stay review, and validation review of hospital admissions; 13 CSR 70-15.020; 2/15/22, 6/15/22  
 rehabilitation center program; 13 CSR 70-65.010; 2/15/22, 6/1/22  
 [supplemental] upper payment limit (UPL) payment methodology; 13 CSR 70-15.230; 7/15/22  
 telemedicine services; 13 CSR 70-3.330; 1/3/22, 6/1/22

#### **NURSING, STATE BOARD OF**

administrator/faculty;  
 20 CSR 2200-2.060; 3/15/22, 7/15/22  
 20 CSR 2200-3.060; 3/15/22, 7/15/22  
 20 CSR 2200-8.060; 3/15/22, 7/15/22  
 approval;  
 20 CSR 2200-2.010; 3/15/22, 7/15/22  
 20 CSR 2200-3.010; 3/15/22, 7/15/22  
 20 CSR 2200-8.010; 3/15/22, 7/15/22  
 change of sponsorship;  
 20 CSR 2200-2.030; 3/15/22, 7/15/22  
 20 CSR 2200-3.030; 3/15/22, 7/15/22  
 20 CSR 2200-8.030; 3/15/22, 7/15/22  
 clinical experiences;  
 20 CSR 2200-2.080; 3/15/22, 7/15/22  
 20 CSR 2200-3.080; 3/15/22, 7/15/22  
 20 CSR 2200-8.080; 3/15/22, 7/15/22  
 collaborative practice; 20 CSR 2200-4.200; 5/2/22  
 definitions;  
 20 CSR 2200-2.001; 3/15/22, 7/15/22  
 20 CSR 2200-3.001; 3/15/22, 7/15/22  
 20 CSR 2200-8.001; 3/15/22, 7/15/22  
 educational program;  
 20 CSR 2200-2.100; 3/15/22, 7/15/22  
 20 CSR 2200-3.100; 3/15/22, 7/15/22  
 20 CSR 2200-8.100; 3/15/22, 7/15/22  
 licensure examination performance;  
 20 CSR 2200-2.180; 3/15/22, 7/15/22  
 20 CSR 2200-3.180; 3/15/22, 7/15/22  
 20 CSR 2200-8.180; 3/15/22, 7/15/22  
 multiple campuses;  
 20 CSR 2200-2.035; 3/15/22, 7/15/22  
 20 CSR 2200-3.035; 3/15/22, 7/15/22  
 20 CSR 2200-8.035; 3/15/22, 7/15/22  
 physical facilities and instructional resources;  
 20 CSR 2200-2.070; 3/15/22, 7/15/22  
 20 CSR 2200-3.070; 3/15/22, 7/15/22  
 20 CSR 2200-8.070; 3/15/22, 7/15/22  
 preceptors;  
 20 CSR 2200-2.085; 3/15/22, 7/15/22  
 20 CSR 2200-3.085; 3/15/22, 7/15/22  
 20 CSR 2200-8.085; 3/15/22, 7/15/22  
 program changes requiring board approval, notification, or both;  
 20 CSR 2200-2.040; 3/15/22, 7/15/22  
 20 CSR 2200-3.040; 3/15/22, 7/15/22  
 20 CSR 2200-8.040; 3/15/22, 7/15/22  
 program evaluation;  
 20 CSR 2200-2.130; 3/15/22, 7/15/22  
 20 CSR 2200-3.130; 3/15/22, 7/15/22  
 20 CSR 2200-8.130; 3/15/22, 7/15/22  
 publications;  
 20 CSR 2200-2.120; 3/15/22, 7/15/22  
 20 CSR 2200-3.120; 3/15/22, 7/15/22  
 20 CSR 2200-8.120; 3/15/22, 7/15/22

#### **OPTOMETRY, STATE BOARD OF**

license renewal; 20 CSR 2210-2.030; 4/15/22, 8/1/22

#### **PHARMACY, STATE BOARD OF**

compounding standards of practice; 20 CSR 2220-2.400; 7/15/22  
 electronic final product verification (pharmacists); 20 CSR 2220-2.011; 3/15/22, 7/15/22  
 general licensing rules; 20 CSR 2220-7.010; 7/1/22

pharmacist-in-charge; 20 CSR 2220-2.090; 3/1/22, 7/15/22  
pharmacist licensure by examination; 20 CSR 2220-7.030; 7/1/22  
pharmacy standards of operation; 20 CSR 2220-2.010; 3/1/22, 7/15/22  
standards of operation for a class Q: charitable pharmacy; 20 CSR 2220-2.685; 6/15/22  
sterile compounding; 20 CSR 2220-2.200; 3/15/22, 7/15/22  
technology assisted prescription/medication order verification (intern pharmacists and pharmacy technicians); 20 CSR 2220-2.012; 3/15/22, 7/15/22

**PODIATRIC MEDICINE, STATE BOARD OF**

biennial license renewal; 20 CSR 2230-2.030; 4/1/22, 8/1/22  
licensure by examination; 20 CSR 2230-2.010; 8/1/22

**PRIVATE INVESTIGATOR AND PRIVATE FIRE INVESTIGATOR EXAMINERS, BOARD OF**

examination; 20 CSR 2234-5.010; 7/1/22

**PROFESSIONAL REGISTRATION, DIVISION OF**

designation of license renewal dates and related renewal information; 20 CSR 2231-2.010; 6/15/22  
general organization; 20 CSR 2231-1.010; 6/15/22  
pre-licensure criminal history determination; 20 CSR 2231-3.020; 1/18/22, 6/1/22

**PUBLIC DEFENDER COMMISSION**

guidelines for the determination of indigence; 18 CSR 10-3.010; 2/1/22, 6/1/22

**PUBLIC SAFETY, DEPARTMENT OF**

notice of periodic rule review; 11 CSR; 7/1/22  
alcohol and tobacco control, division of  
all licensees; 11 CSR 70-2.140; 7/1/22  
application for license; 11 CSR 70-2.020; 3/1/22, 7/15/22  
change of facts, posting, transfer, and lost licenses—executors—administrators; 11 CSR 70-2.030; 3/1/22, 7/15/22  
definitions; 11 CSR 70-2.010; 3/1/22, 7/15/22  
[guidelines] standards for using minors in intoxicating liquor investigations; 11 CSR 70-2.280; 7/1/22  
malt liquor tax; 11 CSR 70-2.080; 3/1/22, 7/15/22  
manufacturers; 11 CSR 70-2.060; 3/1/22, 7/15/22  
report of brewers and beer wholesalers; 11 CSR 70-2.100; 3/1/22, 7/15/22  
report of brewers, beer manufacturers, solicitors, and beer wholesalers; 11 CSR 70-2.100; 3/1/22, 7/15/22  
reports of distillers, solicitors, wine manufacturers, and wholesalers; 11 CSR 70-2.090; 3/1/22, 7/15/22  
reporting distillers, solicitors, wine manufacturers, and wholesalers; 11 CSR 70-2.090; 3/1/22, 7/15/22  
retail licensees; 11 CSR 70-2.120; 7/1/22  
retailer's conduct of business; 11 CSR 70-2.130; 7/1/22  
tax credit and refunds; 11 CSR 70-2.150; 7/1/22  
tax on spirituous liquor and wine; 11 CSR 70-2.070; 3/1/22, 7/15/22  
unlawful discrimination and price scheduling; 11 CSR 70-2.190; 7/1/22  
wholesalers' conduct of business; 11 CSR 70-2.050; 3/1/22, 7/15/22

Missouri gaming commission

cashless, promotional, and bonusing system; 11 CSR 45-5.215; 4/1/22, 8/1/22  
definitions; 11 CSR 45-1.090; 4/1/22, 8/1/22  
dice—receipt, storage, inspections, and removal from use; 11 CSR 45-5.265; 3/1/22, 8/1/22  
integrity of electronic gaming devices; 11 CSR 45-5.210; 4/1/22, 8/1/22  
minimum internal control standards (MICS)—chapter D; 11 CSR 45-9.104; 4/1/22, 8/1/22

minimum internal control standards (MICS)—chapter H; 11 CSR 45-9.108; 4/1/22, 8/1/22  
minimum internal control standards (MICS)—chapter R; 11 CSR 45-9.118; 11/1/21, 4/1/22, 8/1/22  
minimum internal control standards (MICS)—chapter S; 11 CSR 45-9.119; 11/1/21, 4/1/22, 8/1/22  
minimum internal control standards (MICS)—chapter U; 11 CSR 45-9.121; 11/1/21, 4/1/22, 8/1/22  
minimum standards for electronic gaming devices; 11 CSR 45-5.190; 4/1/22, 8/1/22  
request for approval of gaming devices and associated equipment and system; 11 CSR 45-5.225; 4/1/22, 8/1/22  
table game cards—receipt, storage, inspections, and removal from use; 11 CSR 45-5.184; 3/1/22, 8/1/22

Missouri 911 service board

definitions; 11 CSR 90-2.010; 2/15/22, 6/1/22

Missouri state highway patrol

air and vacuum brake system; 11 CSR 50-2.170; 5/2/22  
brake performance; 11 CSR 50-2.150; 5/2/22  
licensing of inspector/mechanics; 11 CSR 50-2.080; 5/2/22  
school bus inspection; 11 CSR 50-2.320; 5/2/22

**REAL ESTATE APPRAISERS**

examination; 20 CSR 2234-5.010; 7/1/22

**RETIREMENT SYSTEMS**

disability retirement;  
16 CSR 10-5.020; 6/15/22  
16 CSR 10-6.070; 6/15/22

**REVENUE, DEPARTMENT OF**

letter rulings; 12 CSR 10-1.020; 3/1/22, 7/1/22  
maximum dealer administrative fees; 12 CSR 10-26.231; 3/1/22, 7/1/22  
notice of periodic rule review; 12 CSR; 7/1/22

**SOCIAL SERVICES, DEPARTMENT OF**

provider enrollment and application; 13 CSR 65-2.020; 4/15/22  
notice of periodic rule review; 13 CSR; 7/1/22

**SOCIAL WORKERS, STATE COMMITTEE FOR**

acceptable supervisors and supervisor responsibilities; 20 CSR 2263-2.031; 7/1/22  
application for licensure as a social worker; 20 CSR 2263-2.050; 3/1/22, 7/1/22  
supervised licensed social work experience; 20 CSR 2263-2.030; 3/1/22, 7/1/22

**TRANSPORTATION, MISSOURI DEPARTMENT OF**

appeals; 7 CSR 10-25.090; 7/15/22  
application for a self-insurer status; 7 CSR 265-10.035; 7/15/22  
application for international fuel tax agreement license; 7 CSR 10-25.071; 7/15/22  
apportion registration pursuant to the international registration plan; 7 CSR 10-25.030; 7/15/22  
approval; 7 CSR 60-3.010; 6/15/22  
approval procedure; 7 CSR 60-2.020; 6/15/22  
breath alcohol ignition interlock device security; 7 CSR 60-2.050; 6/15/22  
definitions;  
7 CSR 10-25.070; 7/15/22  
7 CSR 60-2.010; 6/15/22  
description, organization, and information; 7 CSR 10-1.010; 4/15/22  
device suspension and decertification; 7 CSR 60-2.060; 6/15/22  
investigation and audits; 7 CSR 10-25.080; 7/15/22  
marking of vehicles; 7 CSR 265-10.025; 7/15/22  
procedures for solicitation, receipt of bids, and award and administration of contracts; 7 CSR 10-11.020; 4/15/22  
records of the division; 7 CSR 265-10.017; 7/15/22  
responsibilities of manufacturers; 7 CSR 60-2.040; 6/15/22  
skill performance evaluation certificates for commercial drivers; 7 CSR 10-25.010; 7/15/22

standards and specifications; 7 CSR 60-2.030; 6/15/22  
subpoenas; 7 CSR 10-1.020; 7/15/22

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